



# WORCESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE



COUNTY MEDICAL OFFICER

OF HEALTH

FOR

THE YEAR 1951



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WORCESTERSHIRE COUNTY COUNCIL

Annual Report of the County Medical Officer of Health  
for the Year 1951

Errata

OLDBURY BOROUGH

Page 6 Table I ) Deaths from Respiratory  
Page 77 Table 2 ) Tuberculosis 15 (not 25)

This affects the rates in the undermentioned  
Tables :-

|                  |                          |      |     |      |
|------------------|--------------------------|------|-----|------|
| Page 87 Table IV | Deaths from Tuberculosis |      |     |      |
| 1951 87 0.21     | 18                       | 0.04 | 105 | 0.26 |

|                  |                     |      |  |  |
|------------------|---------------------|------|--|--|
| Page 88 Table VI |                     |      |  |  |
| Oldbury Borough  | Death Rate per 1000 | 0.29 |  |  |
|                  | Total Deaths        | 16   |  |  |
| Whole County     | Death Rate per 1000 | 0.26 |  |  |
|                  | Total Deaths        | 105  |  |  |

|                    |  |      |    |      |     |      |
|--------------------|--|------|----|------|-----|------|
| Page 89 Table VIII | Deaths in Urban and Rural<br>Districts |      |    |      |     |      |
| Urban              | 63                                     | 0.22 | 11 | 0.04 | 74  | 0.26 |
| Whole County       | 87                                     | 0.21 | 18 | 0.04 | 105 | 0.26 |





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## WORCESTERSHIRE COUNTY COUNCIL

### ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1951

Mr. Chairman, Ladies and Gentlemen,

This year of 1951 marks the end of an era in the public health of the County. Dr. Fosbroke, the first County Medical Officer, was appointed in 1890 and was in office until his death in 1925. Dr. Wyndham Parker was appointed as an Assistant County Medical Officer in 1920, became Acting County Medical Officer in 1925, his appointment being confirmed in October 1926. He continued to guide the health services of the Council until the 31st December 1951.

His long and successful period of office saw many changes in the administration of the public health services, including the acquisition of the responsibility for hospitals and then their loss under the National Health Service Act 1946.

This new Act has changed not only the hospital and general practitioner services, but also resulted in great and fundamental changes in the health services for which the County Council are responsible.

The implementation of the National Health Service Act 1946, on the 5th July 1948, led to major changes in policy and principles. Worcestershire was fortunate to have at that time a County Medical Officer of the calibre and experience of Dr. Wyndham Parker.

His advice to his Committees on the manifold problems which arose, his suggestions for dealing with present and anticipated future difficulties, and his overall assessment of the dangers to be avoided, and the opportunities for development to be seized and exploited, in the interests of the health of the citizens of the county, are shown by the passing of time to have been correct and practicable.

In this report for 1951, which covers the last year for which Dr. Wyndham Parker was the County Medical Officer, I propose to limit the scope to a purely factual statement.

The Registrar General's estimated mid-1951 population of the administrative county was 403,600. The birth rate, 15.4 per 1000, continues to fall and was slightly below the average for England and Wales, which was 15.5. The death rate, 11.9 per 1000, is low; the excess of births over deaths in the county during the year 1951 numbered 1155.



The infant mortality rate of 29 per 1000 live births is the best figure so far recorded in the county; the rate is generally accepted as an indication of the general health and social conditions of an area.

As in 1950, this report includes reference to the duties of the County Council under the National Assistance Act; the arrangements operated efficiently and allowed of Part III services being available for welfare cases with the minimum of difficulty and delay.

The fall in attendances at ante natal centres, noted in last year's report, has continued. The general practitioners now undertake the supervision of most expectant mothers.

The priority dental service for mothers and young children has not functioned, because of the lack of dental officers, but it is hoped that in 1952 there will be an improvement in the service.

The prevention, care and after-care functions of the County Council under Section 28 continue to expand. New chemotherapy, due to the discovery of many new effective drugs for "killer" diseases, brings its associated after-care needs. The greater expectation of life of all members of the community must lead to some radical changes in the outlook and provision for the ever increasing proportion of elderly persons.

The Welfare Service under the direction of Mr. McDonald, the County Welfare Officer, continues to expand, and this service meets the ever increasing demands for the care of the elderly and infirm, the blind and the deaf and the physically handicapped. In addition facilities are available for (to use the official terminology) "persons without a settled mode of living."

The Ambulance Service continues to serve the needs of the County, and the mileage returns indicate that calls on this service are not expanding as fast as in the first two years after the introduction of the National Health Service Act. Constant care is exercised to prevent any abuse of this service, and your officers are unremitting in their care over this matter.

That portion of the Report dealing with Sections 22, 23, 24, 25 and 29 of the National Health Service Act has been compiled by Dr. B. Mary Thompson, Senior Medical Officer for Maternity and Child Welfare.

Mr. R. Owen, the County Sanitary Officer has been largely responsible for the section dealing with milk, rural water supplies, sewerage, housing and hop pickers.

Although so much is done by the County Council as the Local Health Authority, there still remain many ways in which voluntary work can assist. It is a pleasure to record my thanks to all the voluntary organisations which have not only assisted the County Council in its statutory duties but have helped in ways outside the Council's limitations. Among these organisations are the St. John Ambulance Brigade, the British Red Cross Society, the Women's Voluntary Services (particularly Mrs. Moore Ede, the County Organiser, and her staff to whom so much of the credit for the success of the home help service is due), the Diocesan Moral Welfare Association, the County and the District Nursing Associations and the Voluntary Committees of Child Welfare Centres.



I am indebted to Alderman H. Parkes, the Chairman of the Health Committee and the Public Health Sub-Committee and to the Chairmen of the other Sub-Committees—Mr. K. D. Briggs (Maternity and Child Welfare), Mr. J. G. Parker (Welfare), Mr. J. W. Bright (Mental Health) and Mr. S. E. Everton (Ambulance Prevention and After-Care) for their unfailing help and advice in connection with the many problems which have arisen.

I should like to record my thanks to all members of the staff of the Health Department for their work in 1951; and to Mr. G. P. Cooper, the Chief Clerk, who has assisted in the compilation of this report.

Your obedient servant,

J. W. PICKUP, M.D., D.P.H.,

County Medical Officer

Health Department.  
County Buildings,  
Worcester.  
November 1952.

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CHAIRMEN AND VICE-CHAIRMEN (as at 31st December 1951)

*Chairman of the County Council*

Sir Chad Woodward, J.P., D.L.

*Vice-Chairman of the County Council*

Sir Hugh Chance, M.A., F.I.I.A.

*Chairman of the Health Committee*

Mr. H. Parkes, J.P.

*Vice-Chairman of Health Committee*

Mr. S. T. Melsom.

*Chairman of Ambulance, Prevention and After-Care Sub-Committee*

Mr. S. E. Everton

*Chairman of Finance and General Purposes Sub-Committee*

Mr. G. W. Kenrick.

*Chairman of Maternity and Child Welfare Sub-Committee*

Mr. K. D. Briggs, J.P.

*Chairman of Mental Health Sub-Committee*

Mr. J. W. Bright, J.P.

*Chairman of Public Health Sub-Committee*

Mr. H. Parkes, J.P.

*Chairman of Welfare Sub-Committee*

Mr. J. G. Parker,

STAFF (as at 31st December 1951).

The following are the Chief Administrative Officers :—

*County Medical Officer of Health and School Medical Officer*

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

*Deputy County Medical Officer of Health and School Medical Officer*

J. W. Pickup, M.D., Ch.B., D.P.H.

*Senior Administrative Medical Officer, Maternity and Child Welfare*

Beatrice Mary Thompson, M.D., B.S., M.R.C.S., L.R.C.P.,  
D.P.H.

*Divisional Area Medical Officers*

Kidderminster

C. Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Oldbury

E. V. Connolly, M.B., Ch.B., L.M., D.C.H., D.P.H.

*Chief Tuberculosis Officer*

R. B. Mayfield, M.D., D.P.H.

*Chief Dental Officer*

B. D. Britten, L.D.S.

*County Welfare Officer*

R. A. McDonald.

*County Sanitary Officer*

R. W. T. Owen, M.R.S.I., M.Inst.S.P.

*Chief Clerk*

G. P. Cooper.

*County Ambulance Officer*

G. L. Pitt.

*Mental Health Administrative Officer*

W. Phillips.

*Superintendent Health Visitor*

Miss E. Robinson, S.R.N., S.C.M., H.V.Cert.

*Superintendent of District Nurses*

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

*Non-Medical Supervisor of Midwives*

Miss E. M. Hands, S.R.N., S.C.M.

## STAFF CHANGES, 1951.

*Medical Officers*

Dr. Margaret O. Will was appointed Deputy Divisional Area Medical Officer of Health for Oldbury on 1.2.1951, in place of Dr. J. Maclachlan resigned.

Dr. P. E. Freeman, Assistant County Medical Officer resigned, for domestic reasons, on 12th January, 1951. Dr. W. Edgar was appointed on 3.4.51 to fill the vacancy but resigned on the 27.5.51.

Dr. S. C. Walker, Senior Administrative Medical Officer, Maternity and Child Welfare resigned on 1.4.51. Dr. B. M. Thompson was appointed on the 28.5.51 to fill the vacancy.

Dr. A. M. Nelson, appointed Assistant County Medical Officer 1.10.51.

*Mental Health*

Miss D. C. Carroll, Social Worker, resigned 25.10.51.

*Health Visitors.**Resignations.*

Miss A. O. Withers, 14.1.51.

Mrs. M. Urwin 31.8.51.

Miss E. M. Hiscock 23.9.51.

Miss L. N. Rowlands 28.10.51.

*Appointments.*

Miss J. Hudson, 1.2.51.

Mrs. M. McLeod, 9.4.51.

Miss L. M. Cartwright, 10.9.51.

*Occupational Therapist.*

Miss E. G. Elmes, appointed 23.4.51.









## STATISTICS

|  |   |   |   |       |         |       |            |
|--|---|---|---|-------|---------|-------|------------|
| Area in acres  | — | — | — | —     | —       | —     | 438,221    |
| Population, Census 1931  | — | — | — | —     | —       | —     | 308,781    |
| Registrar-General's estimate of resident population,<br>mid 1951 | — | — | — | —     | —       | —     | 403,600    |
| Rateable value (1st April)                                       | — | — | — | —     | —       | —     | £2,061,475 |
| Sum represented by a penny rate                                  | — | — | — | —     | —       | —     | £8,044     |
|  |   |   |   | Males | Females | Total |            |
| Live Births—Legitimate   | — | — | — | 3,098 | 2,872   | 5,970 |            |
| —Illegitimate  | — | — | — | 136   | 127     | 263   |            |
| Birth-rate per 1,000 of estimated resident population            | — | — | — | —     | —       | —     | 15.4       |
|  |   |   |   | Males | Females | Total |            |
| Still-births   | — | — | — | 99    | 74      | 173   |            |
| Rate per 1,000 total (live and still) births                     | — | — | — | —     | —       | —     | 27         |
| Deaths —   | — | — | — | —     | —       | —     |            |
|  | — | — | — | 2,443 | 2,372   | 4,815 |            |
| Death-rate per 1,000 of estimated resident population            | — | — | — | —     | —       | —     | 11.9       |
| Deaths from Pregnancy and Childbirth                             | — | — | — | —     | —       | —     | 5          |
| Rate per 1,000 live births                                       | — | — | — | —     | —       | —     | 0.80       |
| Rate per 1,000 total (live and still) births                     | — | — | — | —     | —       | —     | 0.78       |
| Infant Mortality (Infants under one year of age)                 | — | — | — | —     | —       | —     | 181        |
| All Infants per 1,000 live births                                | — | — | — | —     | —       | —     | 29         |
| Legitimate Infants per 1,000 legitimate live births              | — | — | — | —     | —       | —     | 28         |
| Illegitimate Infants per 1,000 illegitimate live births          | — | — | — | —     | —       | —     | 57         |
| Deaths from Measles (all ages)                                   | — | — | — | —     | —       | —     | 1          |
| Deaths from Whooping Cough (all ages)                            | — | — | — | —     | —       | —     | 4          |
| Deaths from Diarrhoea (under 2 years of age)                     | — | — | — | —     | —       | —     | 9          |
| Deaths from Cancer (all ages)                                    | — | — | — | —     | —       | —     | 754        |



MATERNAL AND CHILD WELFARE

| Year | Legitimate Births | Illegitimate Births | Birth Rate live Births per 1,000 | Infant Mortality Rate | Still birth | Rate per 1,000 Births |
|------|-------------------|---------------------|----------------------------------|-----------------------|-------------|-----------------------|
| 1941 | 5,511             | 229                 | 15.3                             | 54                    | 173         | 30                    |
| 1942 | 6,203             | 279                 | 17.4                             | 40                    | 237         | 32                    |
| 1943 | 6,419             | 351                 | 18.3                             | 39                    | 215         | 31                    |
| 1944 | 6,992             | 423                 | 20.2                             | 41                    | 190         | 25                    |
| 1945 | 5,990             | 576                 | 18.2                             | 43                    | 177         | 26                    |
| 1946 | 6,506             | 460                 | 18.9                             | 36                    | 178         | 25                    |
| 1947 | 7,059             | 353                 | 19.7                             | 36                    | 196         | 26                    |
| 1948 | 6,897             | 335                 | 17.8                             | 30                    | 165         | 23                    |
| 1949 | 6,353             | 341                 | 17.1                             | 30                    | 152         | 22                    |
| 1950 | 5,972             | 295                 | 15.6                             | 29                    | 131         | 20                    |
| 1951 | 5,970             | 263                 | 15.4                             | 29                    | 173         | 27                    |

*Births*

In the total of 6,233 live births occurring in the area 339 babies were premature or underweight.

*Birth rate*

The rate of 15.4, the lowest since 1941, corresponds closely with the national figure of 15.5

*Infant mortality rate*

The death rate of 29 per 1,000 live births, for infants under twelve months is the lowest figure ever recorded in Worcestershire. The corresponding rate for England and Wales is 29.6

The infant mortality rate for illegitimate infants is 57 compared with 41 in 1950, so that the steady drop in the deaths of legitimate children is not matched by an equal decrease in those of the illegitimate babies.

|                                      |    |    |    | 1945  | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|--------------------------------------|----|----|----|-------|------|------|------|------|------|------|
| Infant mortality rate : Legitimate   |    |    |    |       |      |      |      |      |      |      |
| births                               | .. | .. | .. | .. 42 | 33   | 35   | 28   | 30   | 28   | 28   |
| Infant mortality rate : Illegitimate |    |    |    |       |      |      |      |      |      |      |
| births                               | .. | .. | .. | .. 59 | 69   | 54   | 57   | 26   | 41   | 57   |

The percentage rate of illegitimate births for 1951 is 4.4%, a decrease on the 1950 figure, which was 4.7%. The pre-war rate varied between 3% and 3.5%.

The stillbirth rate for 1951 is 27—a marked increase on the figures for 1950 and 1949 which were 22 and 20 respectively.

The maternal mortality rate was 0.78 per 1,000 total births.



### *General introduction*

The following section of the Report, dealing with the work of the Maternal and Child Welfare Section of the Health Department has been written by Dr. B. Mary Thompson, the Senior Medical Officer for maternity and child welfare :—

I took over the responsibility for this section in May, 1951, from my predecessor Dr. Sara Walker, and should like to express here my appreciation of the help and advice she gave to me which facilitated the transfer and bridged the gap between her departure and my arrival.

Staff changes during the year have been many, with a consequent increase in administrative strain to maintain the efficiency of the service. After the tragic death of Miss N. Ashton, Superintendent Health Visitor, invaluable help was given by Miss A. Kean, who came temporarily from the Kidderminster Divisional area to work at the headquarters in Worcester. In August Miss E. Robinson joined the staff as Superintendent Health Visitor and Miss Kean was appointed as her deputy.

In the district nursing field there have been fifteen resignations and five appointments. Four midwives resigned and were replaced, four health visitor/school nurses left and four appointments were made. Interviews have also been held for applicants for vacancies in the day nurseries where there were eighteen resignations and twenty-two appointments, and of candidates for training as Queens nurses, Queens nurse/health visitors or health visitors. Like other authorities, it was found that the shortage of suitable applicants persists, although there is a wider choice when good housing provision is available. Relief duties in clinics and in districts was carried out in an emergency by headquarters staff when there was delay in filling a vacancy.

Committee work has included attendance at adoption case committees, the committee for neglected children and the County Council Children's Committee, in addition to departmental Maternity and Child Welfare and Health Committees, and area health sub-committees.

*Overseas visitors*—mainly from colonial territories—attending a vacation course at Avoncroft College, Bromsgrove, were shown various clinics following a talk on the work of the County Health Department. It was most interesting to hear of the difficulties of other countries, and the students particularly sought information on the provision of family planning advice, as population control is one of their chief problems.

Attention to day-to-day administration of the service occupies a great deal of time and my visits to staff, clinics, district nursing associations and outside bodies have not been as many as was hoped. It is only possible to build up and expand a service with full knowledge of the people and places involved, and the physical barrier of distance has limited progress in this field.

Finally, I should like to pay tribute to Dr. Wyndham Parker under whose administration I worked during the first seven months of my service in the County. He has long been known as a wise and able administrator and he has been to me a kindly and helpful chief with an encyclopaedic knowledge of the County which cannot easily be replaced.

*Isobel Morcom Prize and Medal.* This annual award, which is in memory of Colonel Morcom's wife, was made this year to Mrs. Elizabeth O'Brien, S.C.M., S.E.A.N., the Knightwick district nurse. Mrs. O'Brien has served in the County for twenty years and has maintained a consistently high standard in all aspects of her work as a district nurse/midwife/health visitor. The presentation was made by Dr. Wyndham Parker at the Annual General Meeting of the County Nursing Association.

*Care of expectant and nursing mothers. (Section 22a).*

The National Health Service Act dealt a blow to the maternity services of the country, disrupting the old arrangements and dividing the responsibility for the expectant mother between Regional Hospital Boards, Executive Councils and Local Health Authorities. There has been a gradual evolution of new arrangements, and with the transition period now almost past, the foundation of a new comprehensive service is being laid.

The expectant mother has available to her a choice of services, but it is important that these should be integrated to provide good ante-natal care. This integration is now one of the chief functions of the Local Health Authority. Before 1948, domiciliary midwives attended the majority of births in the County, as the cost of hospital confinement limited the numbers of those applying for it; the midwives worked with the local authority's ante-natal clinics or general practitioners. Ante-natal care consisted of the routine supervision of the mothers' health and treatment of minor defects. Ante-natal clinics also distributed special foods and nutrients. Since the 5th July, 1948, every mother is entitled to the services of a general practitioner, who has largely replaced the County Council doctor in the medical supervision of the ante-natal period and clinic attendances have therefore dropped. This trend is good in that the doctor who may be responsible for the delivery sees his patient regularly in the ante-natal period, but only in a few instances have midwives developed with them the close liaison they had with the clinic doctor and consequently the midwives work largely in isolation. They have lost the regular meeting with other local health authority workers, the Medical Officer and health visitor and interest in the ante-natal clinic has waned now that their patients no longer attend.

The clinics provide supervision for some domiciliary and some hospital cases but their chief use to-day is in the provision of ancillary services such as blood taking, relaxation classes and the receipt of applications for hospital beds. These functions could be better undertaken by technicians and clerks, and the Medical Officer's attendances decreased. The facilities of the clinics, particularly in urban areas, will be made available to midwives for the examination of their cases, and they will eventually evolve as training centres in parentcraft with the health visitor and midwife working together. In rural areas clinics for the joint use of general practitioners and midwives should be developed at surgeries or the midwives houses.

Blood examinations have now become an essential part of ante-natal care, ensuring that anaemia is discovered and treated and that unusual blood groups or blood diseases may be detected early in pregnancy and plans for special treatment made in good time if a second test later in pregnancy shows this to be necessary.



The importance of conserving stocks of rhesus negative blood which may otherwise fall to a dangerously low level is an additional and practical reason for routine rhesus testing of all mothers in the ante-natal period, so that if subsequent transfusion is required, rhesus negative blood is not used unnecessarily.

The ante-natal care of cases booked for hospital confinement may be carried out at County Council clinics or by general practitioners as an alternative to attendance at the hospital. There is need for some plan, such as the use of co-operation cards, to ensure continuity of ante-natal records and transfer of these to the doctor, midwife or hospital undertaking responsibility for the confinement.

Post-natal care is provided for patients by the authorities responsible for ante-natal care. There is a marked disinclination among nursing mothers to attend for advice on their own health and the resistance increases with the thoroughness of the examination, so that a mother with anaemia may be reluctant to keep an appointment for what she knows will be a routine blood test. The need for education of the public in the importance of this care is essential, but it may be difficult for the mother of a young baby, especially if she has a family, to attend a clinic or surgery. The introduction of an appointment system or combination with the child welfare clinic could help to overcome the mother's difficulty. Adequate rest and avoidance of overwork contribute, in the ante-natal period to the prevention of premature labour, with its risk to mother and child, and, in the post natal period, to the success of breast feeding. The home help service and holiday home care for selected cases are of great assistance.

#### *Ante-Natal and Post-Natal Clinics*

|                 |    |    |    | Held            |    | Average<br>Attendance | First<br>Visits |
|-----------------|----|----|----|-----------------|----|-----------------------|-----------------|
| Bewdley         | .. | .. | .. | Monthly         | .. | 6                     | 29              |
| Bromsgrove      | .. | .. | .. | Twice weekly    | .. | 7                     | 76              |
| Blackheath      | .. | .. | .. | Weekly          | .. | 8                     | 66              |
| Cradley         | .. | .. | .. | Weekly          | .. | 4                     | 38              |
| Droitwich       | .. | .. | .. | Fortnightly     | .. | 9                     | 56              |
| Halesowen       | .. | .. | .. | Weekly          | .. | 5                     | 58              |
| Kidderminster   | .. | .. | .. | Weekly          | .. |                       |                 |
|                 |    |    |    | Doctor's clinic | .. | 23                    | 162             |
| Lye             | .. | .. | .. | Weekly          | .. | 5                     | 73              |
| Malvern         | .. | .. | .. | Fortnightly     | .. | 4                     | 70              |
| Oldbury—Langley |    | .. | .. | Weekly          | .. | 15                    | 170             |
| Warley          | .. | .. | .. | Weekly          | .. | 13                    | 90              |
| Wesley Street   | .. | .. | .. | Weekly          | .. | 13                    | 142             |
| Redditch        | .. | .. | .. | Weekly          | .. | 12                    | 46              |
| Rubery          | .. | .. | .. | Fortnightly     | .. | 4                     | 31              |
| Stourbridge     |    | .. | .. | Weekly          | .. | 18                    | 166             |
| Worcester       | .. | .. | .. | Weekly          | .. | 6                     | 95              |
| Wythall         | .. | .. | .. | Fortnightly     | .. | 4                     | 19              |

The following figures show the reduction in the numbers attending the Bromsgrove ante-natal clinic and are representative of all ante-natal clinics :—

| Year .. .. .               | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|----------------------------|------|------|------|------|------|------|
| First visits .. .. .       | 235  | 182  | 151  | 116  | 74   | 76   |
| Average attendance .. .. . | 29   | 27   | 11   | 12   | 6    | 7    |

#### *Ante-natal exercises*

Classes continue to be held in Bromsgrove, Halesowen, Stourbridge, Kidderminster and Droitwich ; a new class is about to be opened in Oldbury. These classes, which are much appreciated by the mothers, are supervised by a trained physiotherapist, Mrs. Perry Keene. General practitioners have been informed that they may send their patients to these clinics.

#### *Pathological Examinations*

Routine blood examinations are carried out at ante-natal clinics. The investigations are undertaken by the Department of Pathology, Worcester Royal Infirmary and by the Regional Blood Transfusion Department, Birmingham.

The following are details of tests taken at County ante-natal clinics during the year :—

##### 1. Rhesus tests—

|   |   |   |   |     |
|---|---|---|---|-----|
| (i) Total number of tests   | — | — | — | 950 |
| (ii) Number of rhesus negative results  | — | — | — | 219 |
| (iii) Number in (ii) above in which anomalous agglutinins were found on retesting | — | — | — | 2   |

##### 2. Wassermann Tests :—

|                                   |   |   |   |     |
|-----------------------------------|---|---|---|-----|
| (i) Total number of tests         | — | — | — | 898 |
| (ii) Number of positive reactions | — | — | — | 4   |

#### *Services for unmarried mothers.*

This group of mothers can benefit equally from the services already mentioned but often require special help which can be given on behalf of the County Council by the Diocesan Moral Welfare Association through their social workers. Applicants are advised personally or referred to workers of their own religious denomination and can be assisted in various ways. Vacancies may be obtained for ante-natal or post-natal residence in hostels, in addition to the finding of employment or arranging for the care of the baby. Financial assistance or legal advice is also available where necessary.

During 1951 the County Council accepted financial responsibility for the forty-six cases admitted to homes and hostels under the National Health Service Act.



### *Maternal mortality.*

The total number of births occurring in the area during the year gives some, but not the full indication of the number of women exposed to the risks of child bearing, as abortions must also be considered. The utilisation of the services and efficiency of the care provided can be measured by the progressively diminishing loss of life associated with pregnancy. In 1951 the deaths numbered 5 in 6,406 pregnancies, representing a rate of 0.78 per thousand total births, the lowest figure ever recorded in Worcestershire. Of the four cases investigated two had failed to attend for regular ante-natal care, and this neglect is believed to have contributed largely to the fatal outcome. Of the five deaths four are known to have occurred in hospital, one following a domiciliary confinement and one following the confinement, at a camp, of a patient booked for hospital. Two deaths were due to eclampsia and two to sepsis.

### *Abortions*

One aspect of pregnancy, on which information is lacking is the number of abortions occurring annually ; but the wastage of infant life by premature labour occurring before the seventh month has been estimated as being between nine and sixteen per cent of all pregnancies. The risk to the mother's life is usually no greater than in pregnancy proceeding beyond the seventh month, but in many cases a doctor's advice is not sought and therefore the cause is not discovered or adequate treatment obtained. In too many cases, there is a repetition with the next conception, and a condition of minor ill-health persists in the mother for an unnecessarily long time. Even in cases where a baby is greatly desired, some couples fail to make more enquiry to ensure a successful subsequent pregnancy.

### *Still births.*

The still birth rate reflects the health of the population and the efficiency of the ante-natal care, as maternal health is one of the factors influencing the normal healthy development of the foetus. The timely ante-natal discovery and correction of factors which may initiate prematurity, or prolong the birth process, ensure a chance of survival to the baby whose birth might otherwise be hazardous.

### *Birth Control*

Attendance at birth control clinics is arranged for patients, whose doctors certify that this advice is required on medical grounds. The Kidderminster and District Family Planning clinic was opened during the year and the County Council made a grant of £10 towards the expenses. This clinic also advises couples on problems of infertility. The nearest clinic giving such advice previously was in Birmingham.

### *Care of Children under school age. (Section 22b).*

*Health Visiting.* The Lady Sanitary Inspectors who started work in the nineteenth century in the North of England were the forerunners of health visitors. They were specifically concerned with the dissemination of hygienic ideas and the preservation of infant life, principally by advising the mother on the successful feeding of the young child following an increasing use of artificial methods. The results of their work became known and when health visiting became a local authority service this concern with the young baby was still the health visitors prime responsibility. This was later extended to include the care of the child up to school age, thus helping to eliminate the entry to school of children with preventable defects.

There is admittedly a much wider public knowledge of infant feeding and child rearing than there was a century ago but the health visitors help is more needed and sought after than before, both by the young inexperienced mother baffled by conflicting suggestions from relatives and neighbours, and by the mother who reads all the latest publications on the subject and is anxious to discuss them with a trained worker. This latter group stimulates the health visitor to experiment and consider new ideas, while the former are no less appreciative of more elementary advice. To those who maintain that the use of a health visitor in this field is ended, public demand provides an irrefutable reply.

The health visitor *visits* and her real work is in the home where the mother can discuss her difficulties in the privacy of familiar surroundings, and the observant caller may be able to see the cause of these difficulties in the environment. Visiting sometimes involves a long day's travelling from house to house, often to find no one at home, occasionally being rebuffed as a potential invader and sometimes escaping from the gossip who only desires a listener. The reward comes in the majority of homes where the caller is a friend and counsellor in times of trouble, and because of the good work done by the pioneers, this tradition is firmly established.

#### *Child Welfare Centres.*

The child welfare centres originated as centres where advice on feeding was given and clean milk sold cheaply. Mothers to-day think of them as clinics where the children can be weighed regularly and reliably, but also appreciate the other facilities provided. These include the opportunity for consultation with the health visitor and doctor, periodic medical examination and diphtheria immunisation and vaccination by the medical officer, the distribution of welfare foods for mothers and children, and the sale of certain foods at reduced prices. In addition to these, are a welcome cup of tea for the mother and a play corner for the toddler. The original title "Infant Welfare Clinic" seemingly excluded the older pre-school child and it is in this group that attendances need to be encouraged. The change of name and notification to the public will assist but a practical obstacle in many centres is the lack of suitable and accurate toddler scales, which are costly to provide, and orders for which take a year or more to execute. The purchase of cheap bathroom scales is a false economy since they soon become inaccurate and cannot be repaired. The weighing of toddlers need not be as frequent as that of younger children, but mothers do not always appreciate this fact. The initiation of play corners with supervision is a far more valuable provision for this age group, and one which encourages the children to attend even when mothers are not anxious to bring them. An appointment for a "birthday" toddler examination is a useful reminder to a mother of the older child's need for supervision.

In most centres voluntary helpers have formed committees to organise the non-professional services and sale of foods, and their friendly interest is an important factor in encouraging regular attendances. The help they give to the doctor and nurse is invaluable, and although it often means a long afternoon's work in surroundings which lack comfort or convenience, it is a rewarding experience.



*Mobile Child Welfare Centres.* This experiment has proved very successful. A new van is now available for the transport of mothers and children and clinic equipment. The innovation is best used in areas with small scattered populations. In 1951 the weighing centres at Alfrick, Bransford, Brockamin and Leigh were replaced by two monthly clinics. The existing eight centres continued.

*Weighing Centres* are held in areas where the numbers are insufficient or premises are not available for the opening of child welfare centres. Although only two are listed several other nurses hold monthly meetings of mothers at their houses.

The place of and average attendance at centres are given below :—

*Child Welfare Centres*

| District            | Centre             | Held                   | Average Attendance |
|---------------------|--------------------|------------------------|--------------------|
| Bewdley Borough     | Wribbenhall        | Fortnightly            | 28                 |
| Bromsgrove Urban    | Bromsgrove         | Weekly and fortnightly | 43                 |
|                     | Catshill           | Weekly                 | 24                 |
|                     | Rubery             | Fortnightly            | 38                 |
| Bromsgrove Rural    | Alvechurch         | Fortnightly            | 20                 |
|                     | Beoley             | Monthly                | 13                 |
|                     | Belbroughton       | Fortnightly            | 15                 |
|                     | Cofton Hackett     | Fortnightly            | 16                 |
|                     | Clent              | Fortnightly            | 16                 |
|                     | Hagley             | Fortnightly            | 24                 |
|                     | Finstall           | Fortnightly            | 31                 |
|                     | West Heath         | Weekly                 | 26                 |
|                     | Wythall            | Fortnightly            | 24                 |
| Droitwich Borough   | Droitwich          | Weekly                 | 48                 |
| Droitwich Rural     | Crowle             | Monthly                | 21                 |
|                     | Cutnall Green      | Monthly                | 24                 |
|                     | Hartlebury         | Fortnightly            | 24                 |
|                     | Ombersley          | Fortnightly            | 13                 |
| Evesham Borough     | Evesham            | Weekly                 | 38                 |
| Evesham Rural       | Ashton-under-Hill  | Monthly                | 7                  |
|                     | Badsey             | Monthly                | 27                 |
|                     | Beckford           | Monthly                | 12                 |
|                     | Bretforton         | Monthly                | 47                 |
|                     | Broadway           | Fortnightly            | 30                 |
|                     | Honeybourne        | Monthly                | 37                 |
|                     | Kemerton           | Monthly                | 21                 |
|                     | Littleton          | Fortnightly            | 29                 |
| Halesowen Borough   | Blackheath         | Weekly                 | 70                 |
|                     | Cradley            | Weekly                 | 46                 |
|                     | Halesowen          | Weekly                 | 83                 |
| Kidderminster Boro. | Birchen Coppice    | Weekly                 | 27                 |
|                     | Broadwaters        | Weekly                 | 27                 |
|                     | Coventry Street    | Weekly                 | 64                 |
|                     | Franche            | Weekly                 | 20                 |
|                     | Foley Park         | Weekly                 | 44                 |
| Kidderminster Rural | Chaddesley Corbett | Monthly                | 20                 |
|                     | Cookley            | Fortnightly            | 16                 |
|                     | Rock               | Fortnightly            | 9                  |
|                     | Wolverley          | Monthly                | 33                 |
| Malvern Urban       | Lansdowne          | Weekly                 | 32                 |
|                     | Link               | Weekly                 | 28                 |
|                     | Newtown            | Weekly                 | 20                 |
|                     | Wyche              | Monthly                | 12                 |

| District              | Centre          | Held         | Average Attendance |
|-----------------------|-----------------|--------------|--------------------|
| Martley Rural         | Broadheath      | Fortnightly  | 11                 |
|                       | Hallow          | Fortnightly  | 16                 |
|                       | Clifton-on-Teme | Monthly      | 13                 |
|                       | Little Witley   | Quarterly    | 13                 |
|                       | Shrawley        | Quarterly    | 11                 |
|                       | Great Witley    | Quarterly    | 13                 |
| Oldbury Borough       | Langley         | Twice Weekly | 66                 |
|                       | Warley          | Twice Weekly | 58                 |
|                       | Wesley Street   | Weekly       | 56                 |
| Persnore Rural        | Bredon          | Monthly      | 16                 |
|                       | Fladbury        | Fortnightly  | 9                  |
|                       | Norton          | Monthly      | 17                 |
|                       | Persnore        | Fortnightly  | 43                 |
| Redditch Urban        | Astwood Bank    | Fortnightly  | 39                 |
|                       | Feckenham       | Monthly      | 23                 |
|                       | Redditch        | Twice Weekly | 46                 |
| Stourbridge           | Lye—Infants     | Weekly       | 39                 |
|                       | Toddlers        |              |                    |
|                       | Exam'ns.        | Fortnightly  | 13                 |
|                       | Pedmore         | Fortnightly  | 11                 |
|                       | Stourbridge—    |              |                    |
|                       | Infants         | Twice weekly | 31                 |
|                       | Toddlers        |              |                    |
|                       | Exam'ns.        | Fortnightly  | 14                 |
| Stourport-on-Severn   | Areley Kings    | Fortnightly  | 27                 |
|                       | Stourport       | Weekly       | 38                 |
| Tenbury Rural         | Tenbury         | Fortnightly  | 20                 |
| Upton-on-Severn Rural | Hanley Swan     | Monthly      | 10                 |
|                       | Kempsey         | Monthly      | 41                 |
|                       | Upton-on-Severn | Fortnightly  | 21                 |
|                       | Welland         | Fortnightly  | 8                  |

### *Mobile Clinic*

| Place                    | Number of visits | Average Attendance |
|--------------------------|------------------|--------------------|
| Alfrick .. .. .          | 5                | 4                  |
| Aston Somerville .. .. . | 11               | 9                  |
| Bishampton .. .. .       | 11               | 18                 |
| Childswickham .. .. .    | 10               | 6                  |
| Hanbury .. .. .          | 12               | 19                 |
| Knighton-on-Teme .. .. . | 9                | 11                 |
| Leigh .. .. .            | 5                | 4                  |
| Martley .. .. .          | 11               | 18                 |
| Sedgeberrow .. .. .      | 7                | 13                 |
| Wilden .. .. .           | 12               | 25                 |

### *Day Nurseries.*

The mounting cost of maintaining children in day nurseries has led many authorities to close them. In the County, enquiry showed that the existing nurseries were all meeting very real needs connected with the welfare of the children, and they have continued to function. Admission is primarily reserved for cases where there is illness in the home, or where the mother is absent or forced to go out to work, and there is a waiting list at each nursery. The charge of 7s 6d per week is uniform and covers the cost of food only. The cost to the local authority averages about £100 per annum per head.

Building work on the new Redditch Day Nursery began in July. Plans were made for the former tuberculosis dispensary in Bromsgrove, when it was handed over by the Regional Hospital Board to the County Council, to be converted into an annexe to the Day Nursery.



### *Neglected Children.*

The inter-departmental committee concerned with this group of children continued to meet regularly to discuss specific cases and to consider the general principles of assisting difficult families. The Stourbridge committee formed in 1950 is now well established and deals with all local cases.

### *Child Life Protection.*

The co-operation with the Children's Department has been maintained and to avoid duplication of visits the health visitor reports on the progress of foster children up to the age of 8 years.

### *Consultant Paediatric Service.*

Dr. A. G. V. Aldridge's monthly rounds at the Worcester Royal Infirmary for Assistant County Medical Officers have continued and are still very much appreciated. As his clinics are extended it will be easier for medical officers to meet him in their own districts, as he is working in both the South and Mid-Worcestershire Hospital Management Committee areas.

### *Nurseries and Child Minders Regulations Act, 1948.*

One minder surrendered her certificate, leaving one nursery registered under this Act.

### *Adoptions.*

The Worcester Diocesan Moral Welfare Association, a registered adoption society, continues to arrange adoptions on behalf of the County Council.

The closest co-operation exists between the Association and officers of the various departments of the County Council concerned. Health visitors continue to carry out (on behalf of the County Children's Officer) supervisory visits on children placed for adoption.

### *Handicapped Children.*

The early ascertainment of defects in young children is important so that effective treatment can be instituted. In many instances it is possible for the condition to be corrected before the children reach school age so that they can take their place with others of their age in an ordinary school. Those who have irremedial defects *i.e.* who are blind and deaf and who require special educational treatment, can be discovered early and reported to the school health service so that a vacancy can be obtained in a suitable special school.

### *Virus Infection in pregnancy.*

The children of mothers included in this survey are attending child welfare centres at the ages of one and two years for examination before the records are sent to the Ministry of Health.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS  
AND YOUNG CHILDREN.

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The following report has been given by Mr. B. D. Britten, the Chief Dental Officer :—

During 1951 the serious staffing position in Worcestershire made preventive dentistry for the priority class of patient a most difficult matter and a certain amount of sickness amongst the Dental Officers accentuated the problem.

Until the coming into force of the Health Act in 1948, very little work for expectant and nursing mothers and young children had been carried out by this Local Authority. During that year and the next, not only was it impossible to expand the service on the requisite lines, but serious cuts had to be made owing to loss of staff. These cuts in service produced another problem, the insistent demands for dental treatment from those classes who had been receiving attention in the past—the school children. Little if any demands were made by expectant and nursing mothers, but some demand was made on behalf of pre-school children. This demand was met as far as possible by commencing a breakdown service for these children though in certain areas of the County where there was no Dental Officer, no work could be carried out for any of the priority classes. To have carried out any system of inspection which would have entailed encouragement of the patient to receive treatment would have made the almost disastrous situation worse, so such a system was not adopted. Treatment was therefore only given to patients who requested it. No expectant or nursing mother requested treatment by a Dental Officer during the year and the returns of the work carried out on young children are shown in the appended tables.

The services of an Oral Hygienist were secured at the end of October and a proportion of her time was utilised in treating pre-school children. At the moment it is not possible to give an accurate estimate of the benefit gained by such treatment.

There were no arrangements within the Authority for X-ray examination, any such work as was required being carried out at a local hospital. No dentures were made during the year but arrangements were in existence for the construction by an outside laboratory of any dentures that may be required.

It is sincerely hoped that an improvement in the staffing position will not be long delayed and that a system of dental inspection and subsequent treatment of expectant and nursing mothers and young children will be forthcoming.

B. D. BRITTEN, L.D.S.



(a) *Numbers provided with dental care :*

|                                     | Examined   | Needing treatment | Treated | Made Dentally fit |
|-------------------------------------|------------|-------------------|---------|-------------------|
| Expectant and Nursing mothers .. .. | NIL RETURN |                   |         |                   |
| Children under five .. .. .         | 261        | 255               | 255     | 67                |

(b) *Forms of dental treatment provided :*

|                               | Extractions | Anaesthetics |         | Fillings | Scalings or Scaling and gum treatment | Silver Nitrate treatment | Dressings | Radio-graphs | Dentures provided |         |
|-------------------------------|-------------|--------------|---------|----------|---------------------------------------|--------------------------|-----------|--------------|-------------------|---------|
|                               |             | Local        | General |          |                                       |                          |           |              | Complete          | Partial |
| Expectant and nursing mothers |             |              | NIL     | RETURN   |                                       |                          |           |              |                   |         |
| Children under five .. ..     | 516         | 19           | 174     | 8        | 39†                                   | 65                       | 2         | —            | —                 | —       |

† Sodium Fluoride treatment.

*Domiciliary Midwifery Service (Section 23).*

The payment of National Insurance benefits irrespective of the place of confinement has increased the demand for maternity beds in hospital, and because of this and the declining birth rate, the work of the domiciliary midwifery service is diminishing. However, the number of hospital beds available is insufficient for the demand and hospital stay is frequently limited to nine to ten days (or in the case of emergency admission, where arrangements had been made for home confinement, to one or two days). Under these circumstances the midwife's services are sought to attend the mother up to the fourteenth day, so that though the number of babies delivered by them is reduced there is still a certain amount of nursing care required for maternity cases.

The type of case accepted for home delivery has altered, now that hospital confinement is free. The older mothers or those with large families are more easily encouraged to enter hospital, and many young mothers, faced with the expense of setting up house and having their first babies, expect to have a hospital confinement. Consultants maintain, however, that mothers of first babies who have good home conditions within easy reach of a hospital can, if all appears normal, safely be advised to have a home confinement and beds are no longer automatically allotted to them. A large number of women where normal births are expected, cannot have their babies at home because of the unsatisfactory home conditions or lack of adequate help at hours when a home help is not available.



A midwife who books a case for home confinement is obliged, under the rules of the Central Midwives Board, to carry out regular complete ante-natal examinations and she is not relieved of that responsibility because the patient may be attending elsewhere for advice. She should also advise every patient to book a doctor, either privately or under the National Health Scheme, for her pregnancy. It is reasonable, therefore, for arrangements to be made for joint examination wherever possible—for the benefit of the patient, and such arrangements will also give the doctor and nurse the opportunity of regular meetings. In those cases where the doctor refers his patient to the County Council ante-natal clinic for supervision, the midwife can attend regularly and discuss any difficulties with the doctor supervising ante-natal care.

#### *Medical Aid.*

Medical aid was required by midwives in 395 cases, all except one being domiciliary.

*Gas and Air analgesia* is now available in every area of the County as there are now only two midwives on the staff not qualified to administer it. In some areas doctors prefer to use a newer analgesic, trilene, not available to midwives, so that the number of cases benefiting from analgesia may appear to be lower than reality (1,649 out of 3,007). Pethedine is becoming widely used and is very popular with most midwives. Maternity outfits continue to be supplied for home confinements. There were 3,051 domiciliary confinements in the year of which forty-four were attended by nurses outside the County service. 194 midwives notified their intention to practice; Miss Hands the non-medical supervisor of midwives has been available to visit and advise on their problems. These included forty-five cases of puerperal pyrexia. Twenty cases occurred in domiciliary practice (one of which was admitted to hospital for treatment) and twenty-five arose among cases confined in hospital.

#### *Domiciliary Midwives*

The domiciliary maternity service in 1951 was undertaken by eighty-eight district nurses of whom eight were employed on midwifery and eighty on combined duties: there are also twelve full time midwives who work in the Boroughs of Oldbury and Stourbridge. The following statistics relate to the County service in 1951:—

|                          |   |   |   |   |        |
|--------------------------|---|---|---|---|--------|
| Midwifery cases          | — | — | — | — | 2,176  |
| Maternity cases          | — | — | — | — | 831    |
| Midwifery nursing visits | — | — | — | — | 38,131 |
| Maternity nursing visits | — | — | — | — | 12,325 |
| Ante-natal visits        | — | — | — | — | 14,544 |

#### *Specialist and Consultant Services*

As mentioned in last year's report, Mr. W. T. Kenny, F.R.C.S., M.R.C.O.G., has been working as consultant in Mid-Worcestershire. Since last year Mr. J. A. Chalmers, M.D., F.R.C.S., M.R.C.O.G., has been appointed as obstetric consultant to the South Worcestershire Hospital Management Committee based on the Worcester Royal Infirmary Maternity Unit. Similarly Stourbridge now has the services of Mr. J. C. Newbold, F.R.C.S., M.R.C.O.G., who is working from the Dudley group of hospitals and Hallam Hospital in the West Bromwich group is served by Mr. J. S. M. Connell, F.R.C.S. Consultants hold regular clinics in their areas to which doctors or clinics can refer cases.

A "flying squad" service is not yet generally available, but in the south of the County Mr. Chalmers has been working alone, and in co-operation with the emergency transfusion service based on the Worcester Royal Infirmary, in attending obstetric emergencies in the district and supplementing the help given by the Cheltenham and Hereford squads. Similarly, in the Mid-Worcestershire area, Mr. W. T. Kenny is available to attend in emergency, or the Birmingham Maternity Hospital flying squad can be called out if necessary. During 1951 the squads were called out to eleven cases.

The care of premature babies is principally the concern of the midwife as the prevention of premature labour is an important aspect of ante-natal care, and the preparation for unavoidable premature confinements and the care of the baby are her responsibility. Premature outfits are available on loan and were used in seventeen cases. The senior ambulance driver/attendant in Oldbury, Mr. Jefferies, has designed a cot in which the baby can be transferred to hospital. The design includes the provision of a supply of oxygen and maintenance of a suitable temperature. It is hoped that facilities for the hospital care of premature babies may eventually be available in each Hospital Management Committee area in the County to avoid the carrying of babies for long distances, and to ensure regular visits by the mother, as an alternative to residence, when a long stay in hospital is necessary for the baby. The total number of premature babies and underweight babies (*i.e.* birth weight  $5\frac{1}{2}$  lbs. or less) was 339 of whom 197 were born in a hospital or maternity home. The details of these latter are :—

|  | Oldbury | Kidderminster | Remainder of<br>County Maternity<br>and Child<br>Welfare Area | Total |
|--|---------|---------------|---|-------|
| Died within 24<br>hours                        | 1       | 6             | 7   | 14    |
| Died after 24<br>hours and with-<br>in 1 month | 2       | 3             | 7   | 12    |
| Surviving at the end<br>of one month           | 25      | 29            | 117   | 171   |

Of the one hundred and forty-two babies born at home twenty-three were sent to hospital and one hundred and nineteen were nursed at home. Of those nursed entirely at home five died in the first twenty-four hours and eight died between the second and twenty-eighth day.

#### *Ophthalmia Neonatorum.*

Six cases occurred during the year, four being admitted to hospital for treatment. No cases had a residual defect.

*Institutional Midwifery* should be mentioned here as part of the maternity service. The health department of the County Council still retains the responsibility on behalf of the Regional Hospital Board, of booking beds for routine admissions.



Rigby Hall Maternity Home was closed in 1951 and the new unit at All Saints' Hospital, Bromsgrove, opened with fourteen beds. When this unit is completed, it will provide fifty beds, which should meet the demand in the surrounding area. The present restricted provision means that all Redditch bookings have to be made at Avonside Hospital, Evesham, as the accommodation at All Saints' Hospital only satisfies the needs of Bromsgrove and the adjoining rural districts. Similarly, the South Worcestershire area relies on Avonside Hospital, Evesham and Sunnyside Maternity Hospital, Cheltenham, because the small unit at Worcester Royal Infirmary can only deal with emergency admissions. The proposed new unit at Ronkswood Hospital, Worcester, and the provision of a theatre at Avonside Hospital will greatly improve the facilities available.

Details of cases admitted to Regional Hospital Board Maternity Homes and Hospitals in the Administrative County during 1951 are as follows :—

|  | Total Cases. |
|--|--------------|
| Avonside, Evesham .. .. .                        | 516          |
| Lucy Baldwin Maternity Hospital, Stourport .. .. | 419          |
| Blakebrook Hospital, Kidderminster .. ..         | 151          |
| The Croft, Kidderminster .. .. .                 | 406          |
| Rigby Hall and All Saints', Bromsgrove .. ..     | 420          |
| Mary Stevens Maternity Home, Stourbridge .. ..   | 484          |

In addition there were the following admissions from the Oldbury Divisional Area :—

|                              |     |
|------------------------------|-----|
| Hallam Hospital .. .. .      | 255 |
| Birmingham Hospitals .. .. . | 60  |

#### *Health Visiting. (Section 24).*

In addition to her duties connected with the visiting of expectant mothers and young children under five years of age, the health visitor undertakes responsibility for the home visiting of cases of tuberculosis and their contacts, and the statutory and voluntary supervision of all female mental defectives and mentally defective boys up to five years of age. There are five health visitors undertaking full time tuberculosis health visiting, two full time health visitors, thirty-seven health visitor/school nurses and forty-two health visitors in rural areas who also undertake the midwifery and district nursing in those areas. The general health visiting work includes the follow-up of cases discharged from hospital and giving advice to families where there is illness. A friendly watch is kept over old people who are living alone, to ensure that they come to no harm ; this service is very useful where there is any doubt as to old people's ability to care for themselves adequately after illness or operation. In her work on the district, the health visitor works in co-operation with the family doctor. Details of work done by health visitors is as follows :—

|   | First visits | Total visits. |
|---|--------------|---------------|
| Expectant mothers .. .. .                 | 1,225        | 1,782         |
| Children under one year .. ..             | 5,692        | 39,252        |
| Children between one and five years .. .. | 570          | 55,496        |
| Other visits .. .. .                      | 1,926        | 3,085         |

As the scope of her work widens to include the whole family the health visitor will become the community adviser and public educator in health matters, working in the homes with the general practitioner and in schools and clinics with the public health medical officers.



*Home Nursing Service. (Section 25).*

The County Council is responsible for providing a home nursing service in Worcestershire and has based its plans on the district nurses who were transferred to the County staff on the 5th July, 1948. The present difficulty of recruiting large numbers of nurses has limited the development scheme to some extent, but it has been possible to alter some areas to ensure that nurses are not over or under employed. In the rural areas, district nurses also undertake midwifery and health visiting, but with the decrease in domiciliary midwifery, work in these fields has, if anything, decreased. The district nurses work still shows seasonal fluctuations especially among the increasingly large group of old people ; while the extension of chemotherapy in tuberculosis means that many more cases than formerly are treated at home, and the volume of injection work has increased.

Some progress has been made during the year in improving the living and working conditions for the nurses, but the provision of houses, district rooms and cars is a costly undertaking and progress is limited by the supply factor and economic difficulties. It is hoped gradually to establish comparable standards throughout the County, but it must be appreciated that the building of a nurse's house is rarely accomplished in less than two years and delays at each stage only too frequently extend this period.

The County Council building programme for houses for district nurse/midwives has become increasingly important because of the retirement of older staff occupying their own houses, and this has necessitated more meetings with the district nursing associations to select suitable sites, and with the County Architect to decide details of plans. The houses at Stoke Works and Clows Top were completed and occupied by the end of the year. The conversion of the district nurses home in Oldbury into four flats was successfully completed and the building of a house for two midwives was commenced on the Warley site. At Sedgeberrow a garage with duty room attached was erected in the garden adjoining the nurse's flat, and at Martley primitive sanitation was replaced by a water borne system. In view of the impending termination of the lease of the District Nurses' Home in Evesham—a house (No. 6, North Terrace) was acquired by compulsory purchase for conversion into a unit containing three self-contained flats and district and waiting rooms.

New cars have been provided in two areas, and three new bicycles purchased, one of which was fitted with a minimotor as an experiment. The total number of cars belonging to the Council and used by district nurses was 49. As areas become car districts some reorganisation is necessary because the nurse can then serve a larger population. The old established district nursing associations who were usually pioneers in the development of a nursing service for their area, are naturally sometimes opposed to their areas absorption in the new larger districts. They are, however, consulted and asked to suggest a solution to the problem of under employment, which, while ensuring that local needs are satisfied, will safeguard the requirements that the nurse shall have adequate work and regular relief from duty. At present, most nurses relieve, and are relieved by, the nurse of an adjoining district, but the plan of Miss Meadway Russell, the Superintendent of District

Nurses, for area relief nurses serving three or four districts will be extended throughout the County as soon as accommodation and staff can be obtained. This arrangement will ensure that nurses have larger districts with regular off-duty without overworking their neighbours, and will spare them from the strain of long spells of double duty which are necessary when there is illness of a nurse or delay in filling a vacancy. In thirteen areas the Council is fortunate in having permanent part-time relief nurses, who are always willing to assist by giving extra help in time of crisis.

Although the actual cost of the service is borne by the County Council, there remains the tradition of the District Nursing Association ensuring that the service provided meets the needs of the community and secures the welfare of the nurse. It is hoped that local committees will maintain this tradition even if there is no local charity or property to administer and the stimulus of raising funds no longer exists. Monthly reports of the work undertaken are still given to all secretaries, and nurses are encouraged to discuss domestic or district difficulties with their local representatives, who have the opportunity of meeting the supervisory nursing officer on her quarterly visits of inspection. Only three districts are without a committee or liaison officer.

The following is a summary of the general nursing work performed by district nurses :—

|                        |    |    |    |         |
|------------------------|----|----|----|---------|
| General nursing cases  | .. | .. | .. | 7,805   |
| General nursing visits | .. | .. | .. | 150,926 |
| Other visits           | .. | .. | .. | 16,474  |

At the end of 1951 the district nursing staff consisted of one hundred whole-time and four part-time nurses as follows :—

|  |    |    |
|--|----|----|
| No. employed full-time on home nursing | .. | 15 |
| „ „ „ „ „ midwifery                    | .. | 8  |
| „ „ „ „ „ home nursing and midwifery   | .. | 80 |
| „ „ part-time „ home nursing           | .. | 4  |

Another sphere of voluntary effort which assists the district nurses are the medical comforts depots organised by the St. John Ambulance Brigade and British Red Cross Society of which there are twenty in the County. These provide items of equipment not normally stocked by the nurses, and which are issued on payment of a deposit, which is refunded on return of the article.

#### *Hop-pickers nurses.*

The autumnal exodus from the large towns to the hop-fields still recurs, bringing to the local authorities problems of accommodation of pickers and control of infection among them. The County district nursing service again appointed and arranged for the accommodation of nursing staff to deal with cases of minor illness among the pickers and their families ; three nurses were engaged to assist County staff. Fortunately the calls on their services were less than in previous years, possibly because the introduction of machinery has reduced the numbers of immigrants.



Four hundred and twenty-seven cases were treated by County Council staff who worked in co-operation with various missions and the Salvation Army and the Roman Catholic nurses who undertook responsibility for nursing services in two areas.

*Domestic Help. (Section 29).*

The Women's Voluntary Services (County Organiser Mrs. Moore Ede assisted by Miss D. Davison) continued to organise this service during the year. As it becomes more widely known and used, a tradition of service of a high standard is being established. There is still reluctance on the part of many of the public to apply for help lest the cost be too high, although in every case, except in emergency, the householder can be told the cost before the help is booked.

The two most important uses of the service are in maternity cases and the care of the aged, but with the extension of the domiciliary treatment of tuberculosis, more assistance is needed in households where there are cases of this disease. With a co-operative patient, and careful planning of the work, the risk to the volunteer workers in such households is less than that to which they are exposed in contact with the general population. To safeguard these workers, provision is made for regular chest X-ray examinations by radiography units. To protect the household employing home helps, this is also made available to all workers in the service. Training courses are available periodically, and it is hoped to provide systematic training so that selected home helps can acquire the diploma of the National Institute of Houseworkers. In 1951, six were granted leave of absence to sit for this proficiency examination and all were successful.

The recruiting of occasional home helps for individual cases is often a problem especially in the rural areas, and here the assistance of the district nurse or health visitor is often most valuable in suggesting possible recruits. Close co-operation between the nurses and the home help in the home is essential for success, as each can do so much to assist the work of the other.

*Problem Families.*

Mrs. Moore-Ede reported to the Maternity and Child Welfare committee that a successful experiment had been carried out in the City of Worcester utilising selected home helps in work with problem families. It was agreed that training of the parents in such families was often better undertaken in the home rather than in residential training institutions. Agreement was given to a trial on similar lines being initiated in the County area and it was agreed that "family welfare" home helps should be provided for such households at reduced cost.

*Home Helps*

(i) Number of home helps employed at end of 1951 :—

(a) Whole-time . . 35      (b) Part-time . . 59

(ii) Number of cases where home help was provided during the year :—

|   |         |     |
|---|---------|-----|
| (a) maternity (including expectant mothers) | ..      | 211 |
| (b) tuberculosis                            | .. .. . | 20  |
| (c) others                                  | .. .. . | 610 |

(iii) Number of home help organisers employed . . 12



*Inspection of Nursing Homes (Public Health Act 1936).*

At the end of the year there were seventeen registered nursing homes in the County, eight of which accepted maternity cases. They are visited regularly. One additional home was registered and two relinquished their registrations during 1951. The confinements taking place in these homes totalled three hundred and forty-five. With the present high cost of beds in hospital (admission to which is governed by need) nursing homes provide an alternative to home confinement. It is, however, becoming increasingly difficult to ensure an acceptable standard of staffing and equipment at the previous relatively low costs, and charges have to rise to maintain this standard.

*Health Teaching.*

Although much individual work is carried out, group teaching is difficult for the midwife and health visitor in a busy clinic. It is hoped to compile a panel of outside speakers who would be willing to help in this work. Stocks of educational material will be gradually acquired for circulation in the County. The Central Office of Information mobile film unit is deservedly popular and where clinics can be blacked out the showing of educational films concerning children and health is a very valuable alternative to talks and demonstrations.

*Training during year.*

*Training of Midwives.* Kidderminster Part II school.

During the year six midwives have each spent six months at Stanmore Nurses' Home and eventually qualified as midwives.

*Students from outside authorities.*

The arrangement by which health visitor students training in Birmingham obtain regional experience by working with county health visitors in Worcestershire has been extended to include a period of residential rural experience.

Student Queen's Nurses from Birmingham and Worcester City visited the County for two days experience in a rural area.

*Queen's Nursing Students.* One candidate was accepted for Queen's training, for the four months' course. She worked in the training home in Worcester prior to acceptance by the Queen's Institute of District Nursing Service.

*Health Visiting students, at Birmingham University.*

During the year four students completed their training. Difficulty was again experienced, in common with other authorities, in obtaining sufficient candidates of the right type for the 1951—1952 course. This is probably due to the uncertainty as to the future of the health visitor.

*Queen's Nursing/Health Visiting students.* Two students were accepted for combined training by the Queen's Institute of District Nursing Service.

### *Refresher Courses.*

*Midwives.* One attended Sorrento Maternity Hospital, Birmingham, for a course on premature babies. Three attended refresher courses and of these two were given leave of absence to accept vacancies obtained by the local branches of the Royal College of Midwives.

*District Nurses.* Five attended post-certificate courses one being sent as a representative by the Association of Queen's Nurses.

*Health Visitors.* Two health visitors attended a two weeks residential course arranged by the Women's Public Health Officers Association.

The nursing staff at headquarters were able to attend courses during the year. This opportunity of meeting other workers in the same or allied fields is most useful for the discussion of new ideas.

### *County Refresher Course May 4th—5th.*

This was arranged on the pattern of former years, and a very instructive and provocative programme drew a large attendance. The nurses appreciate this opportunity of bringing their knowledge up to date, and those who were able to attend commented on the interest and enthusiasm aroused by the course.

#### FRIDAY 4th May

##### *Morning Session*

CHAIRMAN : Mr. K. D. Briggs, J.P.  
(Chairman, Maternity and Child Welfare Sub-Committee, Worcestershire County Council)

10.30 a.m. "Complications of Labour"  
Miss C. D. Thomas, S.R.N., S.C.M., M.T.D.  
(Sister Tutor, Birmingham Maternity Hospital)

12 noon "The Child Health Service in a County area"  
Dr. V. M. Crosse, O.B.E., M.D.  
(Consultant Paediatrician, Birmingham Regional Hospital Board)  
Dr. S. C. B. Walker, M.D., D.P.H.  
(Chief Assistant Medical Officer, Maternity and Child Welfare, Bristol)

##### *Afternoon Session*

CHAIRMAN : Mr. H. Parkes, J.P.  
(Chairman, Health Committee, Worcestershire County Council)

2.15 p.m. "District Nursing—Planning for the Future"  
(i) General Survey  
Miss E. Cockayne (Chief Nursing Officer, Ministry of Health)  
(ii) The views of the General Practitioner  
Dr. A. Beauchamp, M.B., Ch.B., M.R.C.S., L.R.C.P.  
(iii) Liaison with the Hospital  
Miss N. M. Frew (Chief Almoner, Queen Elizabeth Hospital, Birmingham)



SATURDAY, 5th May

*Morning Session*

CHAIRMAN : Mrs. H. Porter  
(Chairman, Children's Committee, Worcestershire County Council)

10.30 a.m. " Scope of work of the Health Visitor of the future "  
Miss E. Westwater, S.R.N., S.C.M., H.V.Cert.  
(Chief Nursing Officer, Doncaster)

12 noon " Prevention, care and after-care of Mental ill health "  
Dr. A. Torrie, M.A., M.B., D.P.H.  
(Medical Superintendent " The Retreat " York)

*Afternoon Session*

2.15 p.m.

" Brains Trust "

Question Master :—Mr. Raleigh R. Adam  
(Chairman, Birmingham Regional Hospital Board)

Panel of Speakers :—

Mrs. H. Porter

Dr. A. J. B. Griffin, M.B., Ch.B., D.P.H.  
(Medical Officer of Health, City of Worcester)

Mr. S. T. Melsom (Chairman, Worcestershire Executive Council, National Health Service)

Dr. S. J. Scurlock, O.B.E., M.C., M.D., M.S.,  
M.R.C.P., M.R.C.S.

(Birmingham Regional Hospital Board)

Dr. W. D. Steel, M.B., B.S., M.R.C.S., L.R.C.P.

*Nursery Nurses Training.*

The arrangements noted in last year's report have continued to function satisfactorily and five out of seven students were successful in the October examination. At the end of the year Mrs. Shennan resigned. The loss of her services is regretted. I am most appreciative of all she had done to establish the training of nursery students, in the health portion of the syllabus, for her successor.

*Refresher Courses in nurseries.*

During the year one matron and one staff nurse attended refresher courses at the Birmingham Nursery Training Centre.

VACCINATION AND IMMUNISATION (SECTION 26)

There has been no change in the County scheme for vaccination or immunisation.

As has already been reported the services of general practitioners, whole time medical officers, health visitors and district nurses are used to ensure that as many children as possible are protected against the risk of diphtheria or smallpox.



Further efforts must be constantly made to extend the proportion of the child population which has been given protection against diphtheria and special care must be taken to insist that parents and general practitioners are aware of the absolute necessity to insist on a child receiving a single " booster " injection at 5 years intervals, usually on entering school during the first year of school life, and a second " booster " at 10 years of age.

Response to vaccination against smallpox is still poor and it is possible that the removal of compulsory vaccination was a retrograde step. Whether this is so or not the result is that greater responsibility falls on the health officers, doctors, health visitors, and nurses to urge parents to have their babies vaccinated as soon as possible.

The Ministry of Health issued Circular 20/51 on the 31st March, 1951 expressing appreciation of the work done by local health authorities in bringing about what was described as a remarkable decline in the number of cases and deaths from diphtheria.

It was fortunately not necessary this year for immunisation to be temporarily suspended as was the case last year because poliomyelitis was prevalent.

As a result of discussion with the Local Medical Committee a card has been designed and issued to general practitioners for display in the waiting rooms at their surgeries. The wording on this card which is printed in two colours is as follows :—

**PROTECT YOUR CHILDREN**

against **DIPHTHERIA** by

**I M M U N I S A T I O N**

(This is best done at 8 months or as soon as possible thereafter)

and against **SMALLPOX** by

**V A C C I N A T I O N**

(This is best done at 3 months)

ask your family doctor or the Medical Officer of Health  
at your local Council Offices.

**THIS SERVICE IS FREE**

**D O N ' T   W A I T — D O   I T   N O W**

Remember—

Delay can be Dangerous

**IT IS BETTER TO BE SAFE THAN SORRY.**

The health visitors and district nurses were asked for special efforts to make up the leeway which was lost owing to the temporary suspension last year and to bring the facilities to the notice of the parents in order that the principal object of the immunisation campaign could be achieved, namely to secure that at least 75% of babies are immunised before the end of the first year of life.

The following is the vaccination return for the County for the year ended 31st December, 1951.

| Age at date of Vaccination | Under 1 | 1   | 2 to 4 | 5 to 14 | 15 or over | Total |
|----------------------------|---------|-----|--------|---------|------------|-------|
| Number vaccinated ..       | 2799    | 446 | 141    | 114     | 223        | 3723  |
| Number re-vaccinated ..    | 27      | 5   | 34     | 70      | 633        | 769   |

The corresponding total of primary vaccination for the year 1950 was 2819.

There was one case of generalised vaccinia of an extremely mild type.

Of the 3723 primary vaccinations 640 were performed at clinics being 17.2% compared with 16.6% for 1950.

The following table gives the figures for each County District :—

# VACCINATION—ANNUAL RETURN FOR THE YEAR ENDED 31st DECEMBER, 1951—SUMMARY

| DISTRICT              | No. of persons vaccinated |     |        |         |               |       | No. of persons re-vaccinated. |   |        |         |               |       |
|-----------------------|---------------------------|-----|--------|---------|---------------|-------|-------------------------------|---|--------|---------|---------------|-------|
|                       | Under<br>I                | I   | 2 to 4 | 5 to 14 | 15 or<br>over | Total | Under<br>I                    | I | 2 to 4 | 5 to 14 | 15 or<br>over | Total |
| Bewdley Borough       | 52                        | 1   | 1      | 1       | 2             | 2     | —                             | — | —      | —       | 4             | 4     |
| Droitwich Borough     | 60                        | 41  | 8      | 3       | 44            | 156   | 9                             | 1 | 1      | 1       | 10            | 22    |
| Evesham Borough       | 49                        | 3   | —      | —       | 18            | 70    | —                             | — | —      | 3       | 70            | 73    |
| Halesowen Borough     | 244                       | —   | 20     | 10      | 15            | 289   | —                             | — | 1      | —       | 24            | 25    |
| Kidderminster Borough | 246                       | 4   | 6      | 14      | 8             | 278   | —                             | — | 4      | 12      | 70            | 86    |
| Oldbury Borough       | 245                       | 20  | 6      | 4       | 8             | 283   | —                             | 1 | 4      | 5       | 54            | 64    |
| Stourbridge Borough   | 315                       | 6   | 11     | 4       | 11            | 347   | —                             | — | —      | —       | 28            | 28    |
| Bromsgrove Urban      | 172                       | 6   | 8      | 7       | 17            | 210   | —                             | — | 1      | 2       | 58            | 61    |
| Malvern Urban         | 274                       | 7   | 8      | 16      | 40            | 345   | —                             | — | 6      | 19      | 118           | 143   |
| Redditch Urban        | 240                       | 179 | 4      | 3       | 5             | 431   | —                             | — | 2      | —       | 31            | 33    |
| Stourport Urban       | 102                       | 16  | —      | 3       | 1             | 122   | —                             | — | 6      | 4       | 21            | 31    |
| Bromsgrove Rural      | 208                       | 10  | 15     | 7       | 10            | 250   | 2                             | — | 3      | 13      | 46            | 64    |
| Evesham Rural         | 87                        | 6   | 16     | 6       | 11            | 126   | —                             | — | 1      | 2       | 30            | 33    |
| Droitwich Rural       | 106                       | 84  | 12     | 8       | 19            | 229   | 16                            | 3 | 2      | 1       | 1             | 23    |
| Kidderminster Rural   | 54                        | 2   | 2      | —       | 5             | 63    | —                             | — | 1      | 1       | 18            | 20    |
| Martley Rural         | 118                       | 3   | 15     | 20      | 3             | 159   | —                             | — | —      | 3       | 9             | 12    |
| Pershore Rural        | 68                        | 49  | 3      | 2       | 3             | 125   | —                             | — | —      | 2       | 17            | 19    |
| Tenbury Rural         | 57                        | 4   | 3      | —       | 1             | 65    | —                             | — | —      | —       | 2             | 2     |
| Upton-on-Severn Rural | 102                       | 5   | 3      | 5       | 2             | 117   | —                             | — | 2      | 2       | 22            | 26    |
| TOTALS                | 2799                      | 446 | 141    | 114     | 223           | 3723  | 27                            | 5 | 34     | 70      | 633           | 769   |



I. IMMUNISATION IN RELATION TO CHILD POPULATION

Number of Children at 31st December 1951, who had completed a course of Immunisation *at any time before that date* (i.e. at any time since 1st January 1937)

| Age at 31.12.51<br><i>i.e.</i> born in year    | Under 1<br>1951     | 1<br>1950 | 2<br>1949 | 3<br>1948        | 4<br>1947 | 5 to 9<br>1942-46 | 10 to 14<br>1937-41 | Total<br>under 15 |
|--|---------------------|-----------|-----------|------------------|-----------|-------------------|---------------------|-------------------|
| Number Immunised ..                            | 321                 | 3,708     | 4,352     | 4,921            | 4,876     | 25,514            | 19,983              | 63,675            |
| Estimated<br>mid-year child<br>population 1951 | Children under five |           |           | Children 5 to 14 |           |                   |                     | 95,480            |
|  | 34,440              |           |           | 61,040           |           |                   |                     |                   |

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1951

| NOTIFICATIONS                    |                               |  | DEATHS..    |                  |  |
|----------------------------------|-------------------------------|--|-------------|------------------|--|
| Age at date of Notifi-<br>cation | Number of Cases Noti-<br>fied | Number of cases in-<br>cluded in preceding<br>column in which the<br>child has completed a<br>full course of immunisa-<br>tion | Age at date | Number of Deaths | Number of cases in-<br>cluded in preceding<br>column in which the<br>child had completed a<br>full course of immunisa-<br>tion |
| Under 1                          | 1                             | —  | Under 1     | —                | —  |
| 1                                | 0                             | —  | 1           | —                | —  |
| 2                                | 2                             | —  | 2           | —                | —  |
| 3                                | 1                             | 1  | 3           | —                | —  |
| 4                                | 3                             | 2  | 4           | —                | —  |
| 5 to 9                           | 12                            | 5  | 5 to 9      | 2                | —  |
| 10 to 14                         | 4                             | 3  | 10 to 14    | 1                | —  |
| TOTALS                           | 23                            | 11   | TOTALS      | 3                | —  |

The three deaths occurred in the Redditch Urban district. It will be noted that the children had not been immunised.

III. REINFORCING INJECTIONS

Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year 1951

| 5 to 9<br>1942-46 | 10 to 14<br>1937-41 | TOTAL |
|-------------------|---------------------|-------|
| 4,708             | 678                 | 5,386 |

# DIPHTHERIA IMMUNISATION

## SUMMARY OF ANNUAL RETURNS 1951.

| District                 | Estimated mid-year child population 1951 |         |        | Under 1 | Number of Children at 31 December, 1951, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1 January, 1937) |        |        |        |                |                  |        | Total under 15 |
|--------------------------|--|---------|--------|---------|---|--------|--------|--------|----------------|------------------|--------|----------------|
|                          | Under 5                                  | 5 to 14 | Total  |         | 1 1950  | 2 1949 | 3 1948 | 4 1947 | 5 to 9 1942-46 | 10 to 14 1937-41 |        |                |
| Bewdley Borough ..       | 407                                      | 759     | 1,166  | 6       | 54  | 49     | 68     | 51     | 315            | 71               | 614    |                |
| Droitwich Borough ..     | 616                                      | 882     | 1,498  | 8       | 78  | 81     | 95     | 85     | 358            | 299              | 1,004  |                |
| Evesham Borough ..       | 1,029                                    | 1,597   | 2,626  | 11      | 91  | 112    | 122    | 95     | 599            | 672              | 1,702  |                |
| Halesowen Borough ..     | 3,005                                    | 5,914   | 8,919  | 29      | 408   | 445    | 503    | 528    | 3,015          | 2,501            | 7,429  |                |
| Kidderminster Borough .. | 3,429                                    | 5,442   | 8,871  | 2       | 283   | 376    | 508    | 487    | 2,253          | 421              | 4,330  |                |
| Oldbury Borough ..       | 4,580                                    | 8,376   | 12,956 | 47      | 438   | 555    | 677    | 678    | 3,833          | 3,639            | 9,867  |                |
| Stourbridge Borough ..   | 2,953                                    | 5,115   | 8,068  | 49      | 396   | 423    | 446    | 468    | 2,309          | 2,097            | 6,188  |                |
| Bromsgrove Urban ..      | 2,354                                    | 4,607   | 6,961  | 15      | 219   | 258    | 331    | 384    | 2,034          | 1,744            | 4,985  |                |
| Malvern Urban ..         | 1,871                                    | 4,393   | 6,264  | 16      | 180   | 215    | 256    | 206    | 943            | 839              | 2,655  |                |
| Redditch Urban ..        | 2,772                                    | 4,294   | 7,066  | 6       | 409   | 429    | 404    | 420    | 2,174          | 1,679            | 5,521  |                |
| Stourport Urban ..       | 1,034                                    | 1,574   | 2,608  | 19      | 153   | 179    | 173    | 145    | 892            | 579              | 2,140  |                |
| Bromsgrove Rural ..      | 2,370                                    | 4,350   | 6,720  | 27      | 203   | 281    | 352    | 298    | 1,969          | 1,341            | 4,472  |                |
| Droitwich Rural ..       | 1,683                                    | 2,481   | 4,164  | 20      | 198   | 187    | 190    | 180    | 894            | 720              | 2,389  |                |
| Evesham Rural ..         | 1,434                                    | 2,237   | 3,671  | 18      | 146   | 176    | 196    | 187    | 655            | 644              | 2,022  |                |
| Kidderminster Rural ..   | 1,009                                    | 1,891   | 2,900  | 6       | 85  | 96     | 107    | 105    | 588            | 344              | 1,331  |                |
| Martley Rural ..         | 959                                      | 1,875   | 2,834  | 13      | 92  | 143    | 131    | 159    | 624            | 611              | 1,773  |                |
| Pershore Rural ..        | 1,431                                    | 2,436   | 3,867  | 22      | 129   | 173    | 173    | 165    | 976            | 943              | 2,581  |                |
| Tenbury Rural ..         | 452                                      | 864     | 1,316  | —       | 39  | 52     | 56     | 91     | 352            | 152              | 742    |                |
| Upton-on-Severn ..       | 1,052                                    | 1,953   | 3,005  | 7       | 107   | 122    | 132    | 144    | 731            | 687              | 1,930  |                |
| TOTAL                    | 34,440                                   | 61,040  | 95,480 | 321     | 3,708   | 4,352  | 4,921  | 4,870  | 25,514         | 19,983           | 63,675 |                |





DIPHTHERIA IMMUNISATION  
SUMMARY OF ANNUAL RETURNS 1951  
REINFORCING INJECTIONS

*Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year 1951.*

|                               |    |    |    | 5 to 9<br>1942-46 | 10 to 14<br>1937-41 | Total |
|-------------------------------|----|----|----|-------------------|---------------------|-------|
| Bewdley Borough .. .. .       | .. | .. | .. | 76                | —                   | 76    |
| Droitwich Borough .. .. .     | .. | .. | .. | 79                | —                   | 79    |
| Evesham Borough .. .. .       | .. | .. | .. | 133               | 14                  | 147   |
| Halesowen Borough .. .. .     | .. | .. | .. | 646               | 20                  | 666   |
| Kidderminster Borough .. .. . | .. | .. | .. | 308               | 1                   | 309   |
| Oldbury Borough .. .. .       | .. | .. | .. | 520               | 7                   | 527   |
| Stourbridge Borough .. .. .   | .. | .. | .. | 274               | 7                   | 281   |
| Bromsgrove Urban .. .. .      | .. | .. | .. | 254               | 9                   | 263   |
| Malvern Urban .. .. .         | .. | .. | .. | 121               | 7                   | 128   |
| Redditch Urban .. .. .        | .. | .. | .. | 873               | 551                 | 1,424 |
| Stourport Urban .. .. .       | .. | .. | .. | 146               | —                   | 146   |
| Bromsgrove Rural .. .. .      | .. | .. | .. | 374               | 20                  | 394   |
| Droitwich Rural .. .. .       | .. | .. | .. | 154               | 4                   | 158   |
| Evesham Rural .. .. .         | .. | .. | .. | 168               | 11                  | 179   |
| Kidderminster Rural .. .. .   | .. | .. | .. | 136               | 1                   | 137   |
| Martley Rural .. .. .         | .. | .. | .. | 124               | 5                   | 129   |
| Pershore Rural .. .. .        | .. | .. | .. | 167               | 7                   | 174   |
| Tenbury Rural .. .. .         | .. | .. | .. | 49                | —                   | 49    |
| Upton-on-Severn .. .. .       | .. | .. | .. | 106               | 14                  | 120   |
| TOTAL .. .. .                 | .. | .. | .. | 4,078             | 678                 | 5,386 |

### *Ambulance Service (Section 27)*

The ambulance service fulfilled all its commitments during the year, although there was an increase in the number of calls and the mileage covered.

Only one additional driver-attendant was appointed, but there are indications that it may be necessary to appoint an additional driver-attendant at each main station.

The increase in mileage over 1950 (19,592) was not so great as the increase in 1949 (76,118). Everything possible was done to keep the mileage at a minimum by the use of railway transport for long journeys, and by combining and preventing duplication of journeys.

All requests for long journeys are referred to the Central Office.

Hospitals are increasing their calls upon the service, due to the opening of new clinics and the larger number of patients at present attending out-patient clinics. The main proportion of the work is concerned with out-patients, who are now able to attend and be seen by their own particular specialist when he considers a further examination is necessary. If patients are able to travel by public transport, an ambulance or sitting case car is not provided.

No case (except emergency) is accepted unless ordered through the proper channels (*e.g.* doctor, health visitor, nurse, dental surgeon or hospital), but cases still arise where members of the public try to order ambulance transport direct from the ambulance stations. All emergency calls are responded to whatever the origin of the call. There was close co-operation between adjacent stations.

A sub-committee appointed to report on the use of wireless in ambulances, came to the conclusion that there was no justification at the present time for the adoption of a system of wireless control for ambulances in Worcestershire.

All main stations were equipped with resuscitation apparatus, so that the apparatus can be obtained quickly wherever the emergency arises.

#### *Ambulance Stations*

Much still remains to be done for the improvement of ambulance stations, and new premises will be necessary at Malvern, Redditch and Stourbridge, in that order. Suitable sites are being inspected, and it is expected that a new station at Malvern will be built next year.

Since the Health Department took over control of the ambulance service at Bromsgrove on 1st August 1950, the ambulances and personnel remained at the fire station because of lack of suitable accommodation elsewhere. Some premises in Providence Road, Bromsgrove, were converted for use as an ambulance station and came into operational use on 27th May, 1951.

### *Transport by Rail*

This method of conveyance of patients for long distances was used increasingly during the year, 309 cases being conveyed as compared with 211 in 1950.

For the majority of very ill patients a journey by rail is a more satisfactory form of transport than by ambulance, even allowing for entraining and detraining, but in a few instances the patient's doctor insisted on ambulance transport being provided for the whole journey.

Assistance and co-operation by the railway authorities is excellent and everything practicable is done to make the journey comfortable for the patient and escort.

### *Hospital Car Service*

This service based on centres (usually hospitals) was continued at Worcester, Kidderminster, Evesham, Bromsgrove and Stourbridge, with the co-operation of the W.V.S. and Regional Hospital Board. The demands are still increasing, as is shown in Table B, and I am grateful to the voluntary drivers for their assistance ; without them it would be very difficult to maintain this essential service.

### *Infectious Diseases Service*

By arrangement with the hospital management committees, ambulances stationed at the various isolation hospitals conveyed cases of infectious disease.

### *Voluntary Agency*

The Worcester City and District Voluntary Ambulance Committee continued to cover, on an agency basis, the needs of Worcester City and neighbouring County areas (*i.e.* Droitwich Borough and parts of the Droitwich, Martley and Upton-on-Severn Rural Districts). During the twelve months ended 31st March 1952, 2,269 county cases were conveyed for a total of 29,362 miles at a cost to the County Council of 28.42d per mile (as compared with 22.043d per mile for the twelve months ending 31st March 1951). There is excellent co-operation between the City and County services which does much to economise in mileage and the use of vehicles and personnel.

### *Civil Defence*

Although no ambulance section training began during the year, arrangements were made for lectures to be given as soon as volunteers had completed their basic training. Suitable premises for garages and accommodation for personnel in time of war were earmarked.

Three 1941 Morris ambulances were allocated for training purposes.

### *Voluntary Workers*

I am grateful to the voluntary workers, especially members of the St. John Ambulance Brigade and British Red Cross Society who are unstinting in their devotion to the service. It is a pleasure to record the happy and useful contribution which they make to the ambulance service throughout the County.



The following tables give details of cases conveyed and mileages covered in 1951: the mileage figures for 1950 are also given.

TABLE A—CASES CONVEYED BY AMBULANCES.

| Month     |    |    |       | Cases  |         | Mileage  |      |
|-----------|----|----|-------|--------|---------|----------|------|
|           |    |    |       |        |         | 1950     | 1951 |
| January   | .. | .. | 5,634 | 38,724 | 45,321  |          |      |
| February  | .. | .. | 5,226 | 40,072 | 42,226  |          |      |
| March     | .. | .. | 5,549 | 43,256 | 45,016  |          |      |
| April     | .. | .. | 5,983 | 39,340 | 44,785  |          |      |
| May       | .. | .. | 6,311 | 42,614 | 48,066  |          |      |
| June      | .. | .. | 5,707 | 41,300 | 42,735  |          |      |
| July      | .. | .. | 5,946 | 42,039 | 43,531  |          |      |
| August    | .. | .. | 5,056 | 41,472 | 40,218  |          |      |
| September | .. | .. | 5,012 | 41,243 | 39,795  |          |      |
| October   | .. | .. | 6,132 | 38,883 | 41,206  |          |      |
| November  | .. | .. | 6,218 | 42,051 | 40,104  |          |      |
| December  | .. | .. | 5,696 | 40,694 | 38,395  |          |      |
|           |    |    |       | 68,470 | 492,283 | †511,875 |      |

† includes 477 residue miles during year—Worcester City and District Voluntary Committee

TABLE B—CASES CONVEYED BY HOSPITAL CARS

| Month     |    |    |       | Cases   |         | Miles   |      |
|-----------|----|----|-------|---------|---------|---------|------|
|           |    |    |       |         |         | 1950    | 1951 |
| January   | .. | .. | 1,139 | 15,337  | 14,333  |         |      |
| February  | .. | .. | 1,189 | 15,354½ | 15,727  |         |      |
| March     | .. | .. | 1,177 | 17,439½ | 15,840  |         |      |
| April     | .. | .. | 1,556 | 14,762½ | 18,221  |         |      |
| May       | .. | .. | 1,508 | 15,624½ | 18,193  |         |      |
| June      | .. | .. | 1,685 | 16,254  | 22,021  |         |      |
| July      | .. | .. | 1,716 | 14,429  | 21,496  |         |      |
| August    | .. | .. | 1,313 | 13,800  | 18,242  |         |      |
| September | .. | .. | 1,533 | 13,934½ | 17,485  |         |      |
| October   | .. | .. | 1,770 | 16,022  | 20,666  |         |      |
| November  | .. | .. | 1,855 | 16,984½ | 20,702  |         |      |
| December  | .. | .. | 1,108 | 13,735  | 16,905  |         |      |
|           |    |    |       | 17,549  | 183,677 | 219,833 |      |

TABLE C—ESTABLISHMENT AT 31ST DECEMBER, 1951.

| Ambulance Station          |    |    |    | No. of<br>Vehicles. | Driver-attendants |           |
|----------------------------|----|----|----|---------------------|-------------------|-----------|
|                            |    |    |    |                     | Full-time         | Part-time |
| Bromsgrove                 | .. | .. | .. | 5                   | 6                 | —         |
| Droitwich                  | .. | .. | .. | 1                   | —                 | —         |
| Evesham                    | .. | .. | .. | 2                   | —                 | 2         |
| Halesowen                  | .. | .. | .. | 4                   | 4                 | —         |
| Kidderminster              |    | .. | .. | 5                   | 6                 | —         |
| Malvern                    | .. | .. | .. | 4                   | 3                 | 1         |
| Oldbury                    | .. | .. | .. | 4                   | ‡5                | —         |
| Pershire                   | .. | .. | .. | 1                   | —                 | 3         |
| Redditch                   | .. | .. | .. | 4                   | 5                 | —         |
| Stourbridge                |    | .. | .. | 5                   | 6                 | —         |
| Tenbury                    | .. | .. | .. | 1                   | —                 | 2         |
| Wythall                    | .. | .. | .. | 1                   | —                 | —         |
| Hayley Green Hospital      |    | .. | .. | 2                   | —                 | 1         |
| Malvern Isolation Hospital |    |    | .. | 1                   | —                 | 1         |
| Relief Driver-Attendant    | .. |    | .. | —                   | 1                 | —         |
|                            |    |    |    | —                   | —                 | —         |
|                            |    |    |    | 40                  | ‡36               | 10        |
|                            |    |    |    | —                   | —                 | —         |

† Including one man who is an attendant only.

*Prevention, Care and After-Care (Section 28)*

*Medical Comforts Depots*

This service was continued, as in 1950, under the operational control of the St. John Ambulance Brigade and the British Red Cross Society. As the service continues to grow it means that the workers of the two organisations must give more of their time to these voluntary duties. This is a service which is greatly appreciated by members of the public from whom numerous letters of thanks are received.

The following reports have been supplied by Dr. F. Leslie Newton, Commissioner for the County of Worcester for the St. John Ambulance Brigade, and Mrs. A. P. Stephens, County Secretary of the British Red Cross Society.

COUNTY OF WORCESTER—ST. JOHN AMBULANCE BRIGADE,  
MEDICAL COMFORTS DEPOTS

REPORT FOR THE YEAR ENDING 31ST DECEMBER, 1951.

There are 14 depots in the County administered by the St. John Ambulance Brigade. This is an increase of two over the 1950 numbers. New depots have been started in Droitwich and Upton-on-Severn.

The total number of articles issued from the depots during 1951 was 936, 90 more than the previous year.

599 articles were returned during the same period ; this was more than in the previous year.

During the year the stocks of articles held at the County Stores have been again considerably increased, in order to deal with the demand. There has been a marked increase in the cost price of all the articles, and the cost of carriage has gone up during the year.

Members in charge of Depots send postcards to those who have articles on loan, and if no reply is received a further postcard is sent at the end of another month. In many cases members of the Brigade visit those who do not reply, in order to find out if the article is still in use and, if not, to try to have it returned.

Most of the depots report that they have been reasonably successful in overcoming the difficulties which they encounter in getting the articles returned, but at Oldbury, Redditch and Malvern there has been considerable difficulty and delay. I am attaching to this report notes of 7 cases in which the member in charge of Malvern Depot has had his postcards returned by the Post Office because the person concerned was not now at the address given.

It has been suggested to me by many of the members in charge of depots that if the charges for the loan of the articles were increased, the articles might be returned more quickly and certainly.

The numbers of articles broken or becoming unserviceable due to lack of care have not increased during this year.

All depots report that many doctors and nurses still fail to use the official County Council request form, and would like this brought to their notice once more.

There is a consensus of opinion among the depots that the service they give to the public is much appreciated.

The members of the St. John Ambulance Brigade have given over 4,000 hours' Voluntary service in running these depots, and great credit is due to those members who give so freely of their time to this service.

Mr. E. S. Bond, my County Officer who is in control of this work, has visited each depot at least once during the year, and reports that they are all running satisfactorily.

The grant given by the Worcestershire County Council to the St. John Ambulance Brigade is used entirely for the purchase, sterilisation and maintenance of the articles, and the overhead expenses in running the depots and the clerical work involved.

F. LESLIE NEWTON,

*Commissioner,*

*County of Worcester.*

#### RED CROSS MEDICAL COMFORTS DEPOTS.

All the Depots situated at Kidderminster, Stourport, Bromsgrove, Pershore, Wythall, Evesham and Badsey are extensively used for patients and further supplies of equipment are continually being asked for and supplied, especially by Bromsgrove and Kidderminster.

During the year at the last named Depot, 173 patients have been loaned 231 articles.

Many articles such as bed rests and air rings loaned to Old Age Pensioners are out practically permanently, being kept until the Pensioners die.

At the present time we find the grant from the County Council quite adequate.

(Mrs.) A. P. STEPHENS,

*County Secretary.*

#### *Convalescent Treatment (Section 28)*

The Council's arrangements, under Section 28 of the National Health Service Act 1946, for dealing with "recuperative" convalescent cases remained unaltered.



Some difficulty was experienced with cases where an almoner at a hospital has arranged for a child in hospital to have convalescence under the responsibility of the County Council, this action being taken without prior consultation with the Health Department. Difficulties have therefore arisen as to whether the particular convalescent home selected was most suited to the patient or for escorting purposes or for maintenance costs. An agreed procedure has now been adopted and is working satisfactorily.

This is an example of the local health authority paying for a service over which in some cases it has little or no control.

The number of cases in which financial responsibility for maintenance and travelling expenses was accepted was 188 compared with 148 in 1950 and 75 in 1949: in addition travelling expenses only were paid in 3 instances where the cost of maintenance was met from other sources. Five cases were admitted to a convalescent home for the second time and one for the third time.

Details of the cases and by whom referred are as follows:—

|          |                 |   |                 |  |
|----------|-----------------|---|-----------------|--|
| Men ..   | 65              | Referred by:—                           |                 |  |
| Women..  | 116             | Hospitals .. ..                         | 124             |  |
| Children | 1               | General Practitioners ..                | 62              |  |
| Infants  | 6               | Assistant County Medical Officers .. .. | 2               |  |
|          | <hr/> 188 <hr/> |   | <hr/> 188 <hr/> |  |

#### Age Groups

| —5 | —15 | —25 | —35 | —45 | —60 | —65 | over 65 | Total |
|----|-----|-----|-----|-----|-----|-----|---------|-------|
| 6  | 1   | 25  | 17  | 52  | 71  | 11  | 5       | 188   |

#### Hospitals referring cases:—

|   |                 |
|---|-----------------|
| Worcester Royal Infirmary .. ..           | 34              |
| Queen Elizabeth .. ..                     | 8               |
| Selly Oak .. ..                           | 3               |
| Redditch Smallwood .. ..                  | 9               |
| Kidderminster General .. ..               | 46              |
| Evesham General .. ..                     | 2               |
| All Saints' Bromsgrove .. ..              | 8               |
| Hereford County .. ..                     | 1               |
| Birmingham General .. ..                  | 7               |
| Midland Nerve Hospital .. ..              | 1               |
| Corbett, Stourbridge .. ..                | 1               |
| Bromsgrove Cottage .. ..                  | 1               |
| Tenbury and District .. ..                | 1               |
| Royal Orthopædic, Birmingham .. ..        | 1               |
| Birmingham and Midland Hospital for Women | 1               |
|   | <hr/> 124 <hr/> |

Areas in which cases referred by general practitioners arose :—

|              |    |    |    |
|--------------|----|----|----|
| Bromsgrove   | .. | .. | 5  |
| Droitwich..  | .. | .. | 2  |
| Halesowen    | .. | .. | 11 |
| Malvern ...  | .. | .. | 3  |
| Martley ..   | .. | .. | 1  |
| Oldbury ..   | .. | .. | 27 |
| Pershore ..  | .. | .. | 1  |
| Redditch ..  | .. | .. | 4  |
| Stourbridge  | .. | .. | 7  |
| Stourport .. | .. | .. | 1  |

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62

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Convalescent homes to which cases were sent :—

|                                     |    |    |    |    |    |
|-------------------------------------|----|----|----|----|----|
| Belmont Clevedon                    | .. | .. | .. | .. | 36 |
| St. Raphael's, Torquay              | .. | .. | .. | .. | 4  |
| Rustington, Littlehampton           | .. | .. | .. | .. | 2  |
| Gable House, Droitwich              | .. | .. | .. | .. | 18 |
| Rest Break House, Weston            | .. | .. | .. | .. | 2  |
| St. Luke's, Exmouth                 | .. | .. | .. | .. | 49 |
| Southern, Lancing-on-Sea            | .. | .. | .. | .. | 1  |
| Home for Invalid Children, Hove     | .. | .. | .. | .. | 2  |
| St. Luke's, Torquay                 | .. | .. | .. | .. | 7  |
| Victoria, Clevedon                  | .. | .. | .. | .. | 35 |
| Barton House Hotel, Barton-on-Sea   | .. | .. | .. | .. | 2  |
| Lady Forester, Llandudno            | .. | .. | .. | .. | 6  |
| John Howard, Brighton..             | .. | .. | .. | .. | 2  |
| St. Michael's, Clacton-on-Sea       | .. | .. | .. | .. | 2  |
| Weavers, 14, Wilfred Road, Boscombe | .. | .. | .. | .. | 1  |
| Kingsleigh, Seaford                 | .. | .. | .. | .. | 2  |
| Arosfa, Porthcawl                   | .. | .. | .. | .. | 1  |
| Burt Memorial Home, Bognor Regis    | .. | .. | .. | .. | 1  |
| Evelyn Devonshire Home, Buxton      | .. | .. | .. | .. | 1  |
| Rest Haven, Exmouth                 | .. | .. | .. | .. | 1  |
| Lloyd Kimpton, Budleigh Salterton   | .. | .. | .. | .. | 1  |
| Spero Fund Homes, Alton             | .. | .. | .. | .. | 4  |
| Belgrave House, Littlehampton       | .. | .. | .. | .. | 1  |
| Merchant Taylors, Bognor Regis      | .. | .. | .. | .. | 5  |
| Mothers Rest Association, Pensarn   | .. | .. | .. | .. | 2  |
| St. Joseph's, Bournemouth           | .. | .. | .. | .. | 1  |
| Spero Fund Home, Hove               | .. | .. | .. | .. | 1  |

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190\*

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\* Two patients each admitted to two different Homes.

## Stay of cases.

## Admission rate :—

|                 |    |     |           |    |    |     |
|-----------------|----|-----|-----------|----|----|-----|
| 1 week or under | .. | 3   | January   | .. | .. | 4   |
| 2 weeks         | .. | 133 | February  | .. | .. | 6   |
| 3 weeks         | .. | 24  | March     | .. | .. | 15  |
| 4 weeks         | .. | 25  | April     | .. | .. | 17  |
| 5 weeks         | .. | 1   | May       | .. | .. | 18  |
| 6 weeks         | .. | 1   | June      | .. | .. | 14  |
| over 6 weeks    | .. | 1   | July      | .. | .. | 23  |
|                 |    | —   | August    | .. | .. | 23  |
|                 |    | 188 | September | .. | .. | 23  |
|                 |    | —   | October   | .. | .. | 26  |
|                 |    |     | November  | .. | .. | 15  |
|                 |    |     | December  | .. | .. | 4   |
|                 |    |     |           |    |    | —   |
|                 |    |     |           |    |    | 188 |
|                 |    |     |           |    |    | —   |

|  | £   | s | d | £   | s  | d  | £     | s  | d  |
|--|-----|---|---|-----|----|----|-------|----|----|
| Maintenance .. ..                                      |     |   |   | 147 | 1  | 11 | 2     |    |    |
| Travelling expenses                                    |     |   |   |     |    |    |       |    |    |
| 188 cases (maintenance                                 |     |   |   |     |    |    |       |    |    |
| and travelling) ..                                     | 295 | 5 | 1 |     |    |    |       |    |    |
| 3 cases (travelling                                    |     |   |   |     |    |    |       |    |    |
| only) .. ..  | 7   | 6 | 8 |     |    |    |       |    |    |
|  |     |   | — | 302 | 11 | 9  |       |    |    |
|  |     |   |   |     |    |    | 1774  | 2  | 11 |
| Less Contributions according to scale from 96 patients |     |   |   |     |    |    | 316   | 14 | 11 |
|  |     |   |   |     |    |    | —     |    |    |
|  |     |   |   |     |    |    | £1457 | 8  | 0  |
|  |     |   |   |     |    |    | —     |    |    |

The three patients staying for one week or less all took their own discharge at the end of a week. Two patients had to be transferred to hospital from the convalescent home. There were three "mother and child" cases. Twenty-one of the cases were in receipt of National Assistance.



CONVALESCENCE

ADMISSIONS

- 1949
- 1950
- 1951

CASES

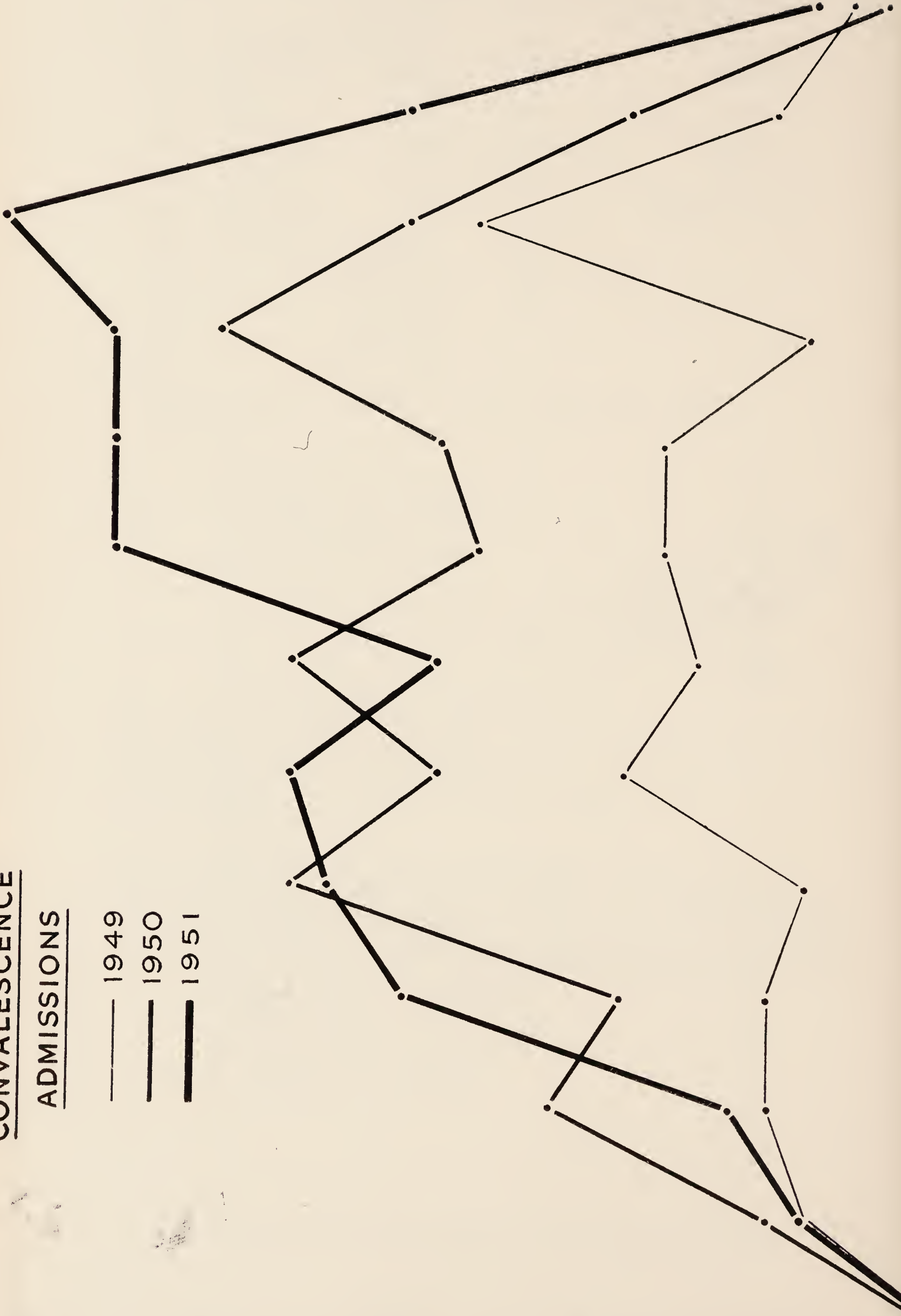
25

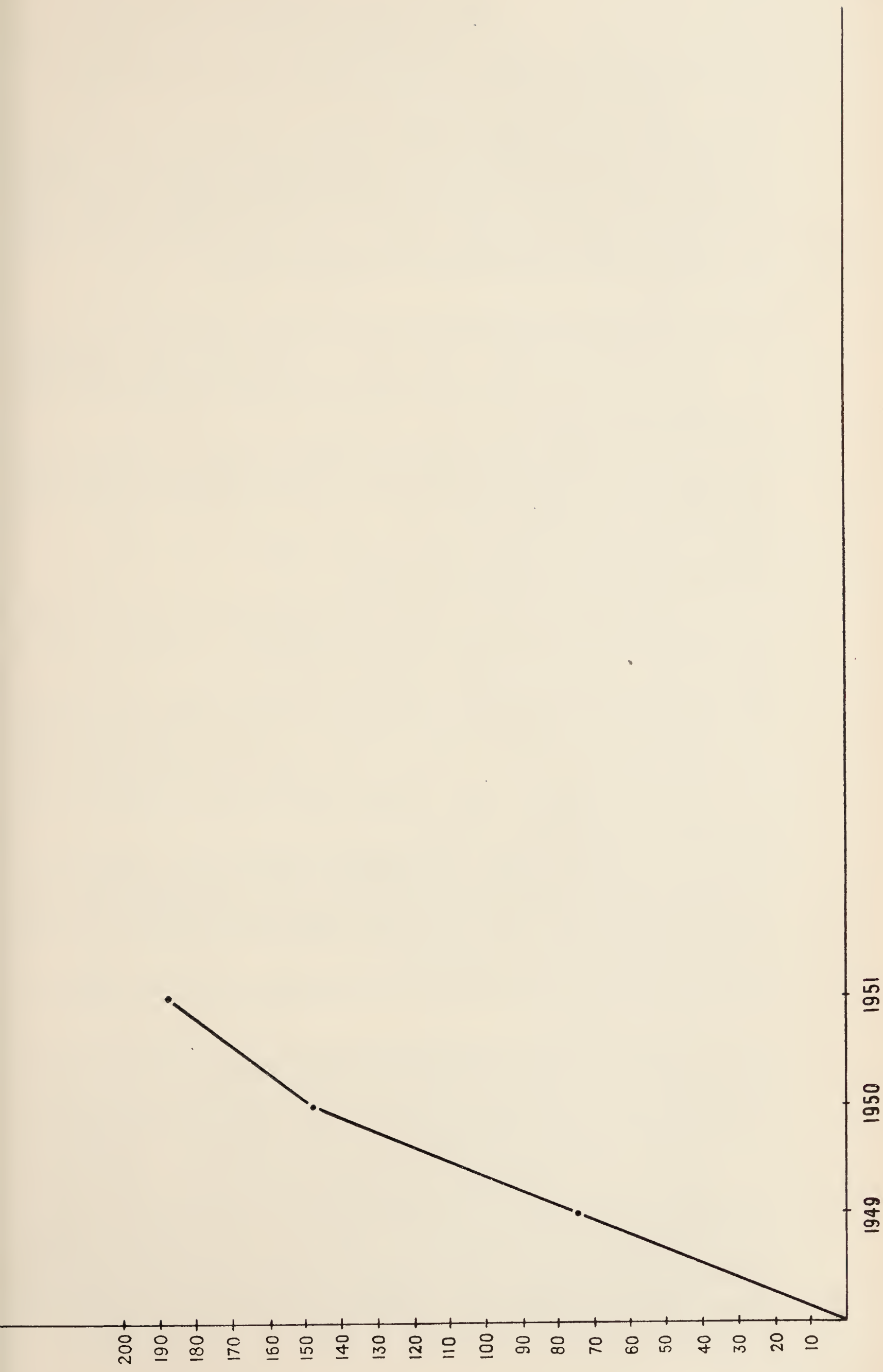
20

15

10

5





## MENTAL HEALTH SERVICE

*(Section 51)*

## (1) ADMINISTRATION

*Mental Health Sub-Committee*

This Sub-Committee of the Health Committee is composed of twenty-five members, and is as previously constituted. During the year, with the consent of the Regional Hospital Board, the Medical Superintendents of the two mental hospitals and the mental deficiency colony in the county have attended meetings of the Sub-Committee in an advisory capacity.

*Staff*

The mental health service is still without a psychiatrist to exercise departmental control. The work of this service has proceeded under the general direction of the County Medical Officer with the help of the specialists of the Regional Hospital Board in this field when required.

The Assistant County Medical Officers continue to deal with the ascertainment of mental defectives. Cases presenting undue difficulty in diagnosis are referred by them to the specialists of the Regional Hospital Board.

The Mental Health Administrative Officer controls the day to day administration of the service.

The administrative county is divided into five areas with a duly authorised officer in each. One assistant duly authorised officer is also employed, together with a relief officer.

One psychiatric social worker is also engaged in the mental health field, dealing solely with Child Guidance. The social worker employed unfortunately left the service during the year and has not yet been replaced. If the service is to progress, and to include the wider aspects of prevention and after-care, the addition of a second psychiatric social worker and a woman mental health worker is essential.

One supervisor and two assistant supervisors are employed at the Occupation Centre at Halesowen. All are unqualified but the supervisor has been employed regularly in this work for over seventeen years. It is virtually impossible to recruit trained qualified workers for this work.

*Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

Reference has already been made to the co-operation given by the Regional Hospital Board in the form of specialist advice when required. This assistance is of particular importance in the ascertainment of very young children or the high-grade feeble-minded defective where diagnosis often presents a difficulty. Co-operation is given to all Hospital Management Committees in the supervision of their cases on licence and on holiday in the county. The number of cases on licence in the county is still increasing and at the time of writing number twenty-five. These cases are visited on behalf of the Management Committees and progress reports at quarterly intervals are made. These patients on licence are employed chiefly in residential situations as domestics or agricultural workers and without exception continue to do well.



### *Voluntary Associations*

Use is made of the Guardianship Society, Brighton, for the supervision of two cases under guardianship at Eastbourne. Payment is made to the Guardianship Society for their service.

During the year a voluntary welfare committee came into existence at Halesowen. This committee, formed by interested persons, has for its object the raising of funds for additional comforts, parties, holidays, etc., for the children attending the occupation centre established at Halesowen. The committee arranged a Christmas party and lunch for the children and have arranged for a party of twenty children to be taken for a week's holiday at Skegness during the summer.

The Council's thanks are due for the efforts made by the Committee in this work.

### *Training of Mental Health Workers*

The assistant duly authorised officer attended a refresher course in mental health organised by the Department of Extra-Mural Studies at Sheffield University and in addition one of the staff of the Occupation Centre attended a 4-day refresher course organised by the Staffordshire County Council for occupation centre staffs.

With the co-operation of Dr. A. S. Patterson, the Medical Superintendent of Lea Colony, all the members of the Occupation Centre staff have attended at the Occupation Centre at Lea Colony for varying periods to broaden their outlook in this work.

During the coming year arrangements have been made for the assistant county medical officers, duly authorised officers and selected health visitors to visit one of the mental hospitals in the county and to receive lectures by the Medical Superintendent of the hospital.

## (2) COMMUNITY WORK

### *Prevention, Care and After-Care*

As mentioned in my previous reports, the mental defectives in the community (supervision, guardianship and licence) are visited by the duly authorised officers and health visitors. The duly authorised officers visit all male mental defectives over the age of 5 years, all patients under guardianship and all patients on licence from institutions. The duties of these officers are combined with general welfare work in their respective areas. Women mental defectives and boys under the age of 5 years continue to be visited by the health visitors.

After-care for cases discharged from mental hospitals is undertaken to a limited extent by the duly authorised officers, though it may be that this work should be undertaken by a psychiatric social worker working in co-operation with the medical superintendents and their professional staffs at the hospitals.

### *Lunacy and Mental Treatment Acts, 1890—1930*

There were 361 Worcestershire cases admitted to mental hospitals in the county during the year. Of this number 184 were certified under the Lunacy Act and 176 were admitted as voluntary patients under the Mental Treatment Act. One patient was admitted during the year as a temporary patient under Section 5 of the Mental Treatment Act, a mode of admission which seems to be falling into disuse.

This represents an increase of 20 admissions over the previous year. The admissions show a slight increase in the number of voluntary admissions with a corresponding decrease in the admission of certified patients. Endeavours are being made to increase the number of voluntary admissions and so reduce the number of certified patients, thereby avoiding the stigma of certification. There is no doubt that certification still has a detrimental effect on the patient and should be avoided if at all possible. The fact that the non-certified patient appreciates that he can discharge himself from the hospital at any time makes him far more co-operative and secures a speedier cure. Another advantage is that it is considered to be greatly in the patient's interest that he should undergo a period of skilled psychiatric observation before his case is presented to a justice, and, as a result, it is often found that it is unnecessary to bring the patient before a justice at all. The Council's duly authorised officers have been advised that they should endeavour to persuade patients to submit themselves voluntarily for treatment in favourable circumstances.

The number of discharges were 281, an increase of 61 over the previous year's figures.

101 deaths occurred at the hospitals.

#### *Mental Deficiency Acts, 1913—38*

Ascertainment of mental defectives has continued through the usual channels. 107 new cases were reported during the year of whom 101 were subject to be dealt with. Of the latter, 81 were reported under the provisions of the Education Act, 1944, and 20 from other sources. The total number reported shows an increase of 48 on the previous year's figures, the increased ascertainment rate resulting chiefly from additional cases reported under the Education Act, 1944.

Of the newly ascertained cases, 18 were admitted to institutions under order, 2 were admitted to places of safety pending the obtaining of orders, 75 cases were placed under statutory supervision and 1 case died. Five cases were placed under voluntary supervision, 2 cases were later found not to be defective, and action remained to be taken at the end of the year in 4 cases. In addition, 25 "old" cases were admitted to institutions making a total for the year of 43 admissions to institutions and 2 into places of safety. Four of the admissions resulted from court proceedings and one as a result of an order made by the Secretary of State. The remainder were admitted as a result of petitions to judicial authorities.

At the end of the year 416 Worcestershire patients were inmates of institutions throughout the country.

Patients on the waiting list for admission to institutions at the end of the year numbered 53, 19 of these being regarded as in urgent need of institutional care. As stated in last year's report, the fact that Lea Colony, Bromsgrove is now fully populated, has meant that the admission rate has decreased. Until part of the new colony at Kidderminster is opened, vacancies will continue to remain scarce.



### *Guardianship and Supervision*

The number of patients under guardianship at the end of the year was 9 ; 5 of these cases are resident outside the county and are supervised by other authorities on behalf of the County Council. One out-county case is resident in the county. All resident cases are visited by both medical and lay staff as required by statute or more often if the need arises.

The number of patients under supervision on the 31st December was 572 ; 357 under statutory supervision and 215 under voluntary supervision, an increase of 44 cases over the previous year.

### *Training*

In September 1951 an occupation centre was established at Halesowen to cater for the northern part of the county with its heavy concentration of population. Patients from the Stourbridge area also attend this centre.

The premises, after adaptation, have proved to be quite suitable and will ultimately accommodate 40 to 45 patients. At the time of writing, 36 patients attend this centre daily between the hours of 9.30 a.m. and 3.30 p.m. The centre is staffed by 3 mental health workers and in the coming year it is proposed to add a fourth so that the number of patients attending can be increased.

Patients are transported to the centre by the ambulance service.

With the consent and co-operation of Dr. A. S. Patterson, the Medical Superintendent of Lea Colony, Bromsgrove, arrangements were made for a limited number of patients to attend Lea Colony on a daily basis. Six patients living in the immediate vicinity of the colony take advantage of this scheme and it is proposed during the coming year to increase this number. At the colony, the patients attend the occupation centre, established there, between the hours of 9 a.m. and 4 p.m. daily.

By far the greater number of patients attending the occupation centre at Halesowen and at Lea Colony daily are of school age. The advantages derived by both the parents and the children by attendance at an occupation centre are great and this being so it is proposed to establish two further centres in other parts of the county where the need exists, as soon as suitable properties become available and when the financial position allows.

In the southern part of the county, which is chiefly agricultural and where there are no great densities of population, it is considered to be impracticable to open centres catering for the relatively few mental defectives in the areas concerned. The only way in which it will be possible to provide training for such cases will be through the medium of a home teacher when it becomes possible to obtain one.



## SOCIAL SERVICES (WELFARE SECTION)

The report of Mr. R. A. McDonald, the County Welfare Officer, details the work undertaken by his section during the past year.

It will be noted that two homes for aged persons were opened during the year. Both were urgently required though they will only meet a part of the demand required for the accommodation of aged people.

Mr. McDonald and his staff are to be complimented on the successful outcome of their efforts in the preparation of these homes and the excellent work which is being done in so many ways to meet the needs of the aged.

### *Residential Accommodation*

The completion of "The Heriotts," Worcester Road, Droitwich, formerly the Park Hotel, as a home for aged persons, was effected early in the year and some old people entered the home on the 19th February, 1951. At the invitation of the County Council, the Minister of Health formally opened the home on the 4th April, 1951. The home has been consistently full, vacancies arising from time to time being immediately filled from the waiting list of applicants for accommodation.

As anticipated in my previous report, Swinford Old Hall, Oldswinford, Stourbridge, was ready for occupation about the middle of the year, although certain works of improving the surface of the drive, etc., had still to be carried out. Some old people entered the home on the 8th August, and there was a waiting list of applicants at the end of the year. The County Medical Officer of Health (Dr. Wyndham Parker) formally opened the home on the 8th November, 1951.

Various improvements were either carried out or approved at the homes at Pershore, Malvern and Upton-on-Severn, for the benefit of the residents and staff.

At Heathlands, Pershore, a scheme was approved for providing an additional 24 beds and better accommodation for the Warden and Matron, by carrying out certain structural alterations and adaptations. The Minister of Health also approved the scheme in principle, but he was unable to authorise a starting date for the work before the 1st June, 1952. If and when this extra accommodation is provided, it should have the effect of reducing the number of beds reserved for the use of the County Council in Regional Hospital Board establishments.

Malvernbury, Malvern, was externally redecorated during the year, and the provision of a more efficient type of sink unit in the kitchen was approved.

With regard to Laburnum House, Upton-on-Severn, the largest of the Council's homes for aged persons, the proposal to build a new block in the grounds of the home instead of redesigning the old Centre Block, referred to in my previous report, was deferred indefinitely, in view of the cost entailed. It was also decided not to proceed with rebuilding the Centre Block and that minor structural alterations and adaptations be carried out to bring this Block more up-to-date. Accordingly, additional washing and sanitary facilities required were provided, a new staircase installed and as an experiment, one of the rooms was plastered, redecorated and refurnished. The experiment was successful and it is hoped similarly to improve other rooms from time to time as circumstances permit.

In the male block, the stone floor of the entrance halls and stone stairs and landing which were in bad condition were covered with Terrazzo. Part of the old casual wards were structurally adapted to form a separate unit for an additional six male residents.

It is worth mentioning here that the County Council have been commended by the Regional Welfare Officer of the Ministry of Health "on the steady improvement shown at Laburnum House since July 1948 and on the success of their policy of breaking up a large institution into small home-like units."

Steps were also taken during the year, and are proceeding as opportunities arise, to improve the amenities in the accommodation reserved for the use of the County Council in the Regional Hospital Board establishments at All Saints' Hospital, Bromsgrove, Blakebrook Hospital, Kidderminster and Avonside Hospital, Evesham.

There was a heavy demand for beds for females during the year, at times there was not a single vacancy—whereas the accommodation for males was never fully occupied. It was, therefore, decided that part of the male accommodation at Avonside Hospital, Evesham, could safely be allocated for the use of females, and the male residents having no ties with the Evesham district were transferred to other homes in the County, thus releasing an additional 10 beds for females.

Reference is made later in my report to the question of providing temporary accommodation for families rendered homeless through eviction from their homes.

#### *Outbreaks of Influenza at Homes*

Early in the year outbreaks of influenza occurred at Laburnum House, Upton-on-Severn, and Heathlands, Pershore. At the peak of the outbreaks there were 65 residents and 16 members of the staff at Laburnum House and 18 residents and 9 members of the staff at Heathlands ill in bed.

The position at Laburnum House became so acute that admissions were stopped for a short period and additional temporary staff and the help of voluntary organisations had to be obtained. By this means the emergency was overcome and although all the part-time voluntary helpers who were secured through the agency of St. John Ambulance Brigade, British Red Cross Society and the Women's Voluntary Services, and also the members of the staff have been officially thanked for their services, I would like to pay tribute here to the part they all played in giving the utmost attention to the patients which undoubtedly succeeded in keeping the deaths directly attributable to influenza down to 2 at Laburnum House and 1 at Heathlands. This was regarded by the Medical Officer at Laburnum House as remarkably low in view of the number and age of the residents who contracted influenza.

#### *Old People's Clubs*

I referred in my previous report to the exercise by the County Council of their powers under Section 31 of the National Assistance Act, 1948, to make contributions to the funds of any voluntary organisation whose activities consisted in or included the provision of recreation or meals for old people, and I set out briefly the conditions under which grants were payable to Darby and Joan Clubs organised by the W.V.S.



I am pleased to say that the good work of the W.V.S. in setting up new clubs was continued in 1951 when another four clubs were established at Oldbury, Malvern (2) and Broadway, all eligible to receive the appropriate contributions from the County Council.

#### *Admission of Chronic Sick Patients to Hospitals*

During the year the homes and social conditions of 426 prospective patients in chronic sick hospitals were reported upon to the Hospital Management Committees concerned. 424 such cases were dealt with during 1950.

This information enables the Regional Hospital Board to assess the priority of admission of patients to chronic sick hospitals and is a continuation of the assistance rendered to the Board by the Welfare Section of the Health Department since December 1948, since when no less than 1,134 cases had been reported upon by the end of 1951.

#### *Compulsory Removal of Persons to Hospital or Home*

Several instances arose during the year of persons suffering from some grave disease, or, being aged, infirm or physically incapacitated, were living in insanitary conditions and were unable to get proper care and attention, who refused to leave their home for treatment in a hospital or home. In only two cases, however, was it eventually found necessary by the district council in whose area the persons resided to take action under Section 47 of the National Assistance Act, 1948, for their compulsory removal to hospital for treatment.

#### *Outgoings for and Entertainment of Residents of Homes*

Residents of the Council's homes for aged persons who were fit enough to travel again participated during 1951 in outings to the seaside and elsewhere at the cost of the County Council and also in outings paid for out of their own Comforts Funds at the homes.

Film shows were also arranged as usual at the homes and in addition other forms of entertainment were given there from time to time by various outside bodies.

#### *Registration and Inspection of Disabled and Old Persons' Homes*

During the year two applications were received from proprietors of homes for disabled or old persons to be registered under the National Assistance Act, 1948, in respect of their premises, making a total of seven applications received since the Minister of Health made it compulsory, subject to certain exceptions, for persons carrying on those types of establishments to be registered by the County Council.

After visiting the premises, I was able to report favourably on the standards of accommodation and the arrangements for the care of the residents, and as the proprietors complied with the requirements of the Chief Fire Officer concerning fire precautions, certificates of registration were issued in respect of the two premises.

Other premises in respect of which certificates of registration had previously been issued were inspected by me as a matter of routine and, where necessary, the attention of the proprietors was drawn to matters concerning the care and safety of the residents.



### *Welfare of Residents of Old People's Homes*

Reference has been made in previous reports to the beneficial influence of the diversional therapy service provided in the County homes for old people on the health and lives of the residents who participate. Every encouragement is given to the residents to take advantage of the service as a means of creating or maintaining this form of interest in their lives which at the same time benefits them in other ways. For instance, the service is self-supporting as income from the sale of the articles they make covers the cost of materials and also helps to swell the comforts funds out of which the cost of extra outings, etc. for the residents is met. I feel it is a most satisfying experience when visiting the homes to see the old people happily engaged in making rugs, lamp shades, stools, mats, baskets, etc., instead of, as so frequently happened years ago, entering dayrooms with the residents gazing vacantly into space with no apparent interest in life except perhaps for the call to a meal. There are, of course, still some residents who cannot be persuaded to join in these activities although well able to do so.

Everything is done in the direction of encouraging the residents to feel that it is their home, with freedom to go in and out as they wish and they are only required to observe such minor regulations as it is necessary to impose in the interests of residents of homes of this kind. They can receive visitors at any time or go out for short stays with relatives or friends. Although the homes are fully furnished, modern furniture being installed from time to time as circumstances permit, old people are allowed to bring in some small articles of furniture to which they have a particular attachment and, of course, other articles such as ornaments, pictures, etc. for their rooms, so that there is not the complete break from their old home surroundings as would otherwise be the case. Single bedrooms, for which of course there is a great demand, are provided as far as possible and limited provision is made for accommodating married couples together, although the demand for this type of accommodation so far has been small.

The old people are also encouraged to take part in the local activities of the district, such as joining the Darby and Joan Clubs and Women's Institutes, etc. In three instances the local Darby and Joan clubs hold their meetings at the homes.

Another service much appreciated by the residents of the homes, is that provided by arrangement with chiropodists. The homes are visited at regular intervals and many an old person who on admission could walk only slowly and painfully has been enabled, after foot treatment, to enjoy walking exercises and to get about much more freely. The cost of this service has been well worthwhile judged by the extent of the benefit derived from it by the old people requiring chiropody treatment.

### *Applications for Provision of Residential Accommodation*

During the period of twelve months from the 5th July, 1950 to the 4th July, 1951, a total of 641 applications were received from persons desiring admission to residential accommodation provided by the County Council under Part III of the National Assistance Act. This figure is exclusive of 25 applications from persons particularly wishing to enter Swinford Old Hall and who had been visited and their names placed on the waiting list. 543 applications were received during the corresponding period of the previous year and the number in the year prior to that was 424.



It will thus be seen that the use made by the public of the service given by the Welfare Section of the Health Department continues to increase year by year, which I think apart from other factors, shows a growing appreciation on the part of the public of the efforts made to provide a reasonable standard of accommodation and adequate facilities in the County Homes for the care and comfort of the old people.

I attach a statement to this report giving the age groups of the applicants for admission and the reasons for admission and non-admission as the case may be.

During the period of twelve months in question, 474 persons were admitted and in 167 cases alternative means were found to meet the needs of the persons concerned or the applications were withdrawn or refused for various reasons.

A detailed examination of the statement reveals that 204 old people living alone were admitted during the twelve months ended the 4th July, 1951, as compared with 137 during the previous twelve months and 96 in the twelve months prior to that. These figures speak for themselves as showing less reluctance on the part of persons to enter accommodation provided by the County Council, and a growing awareness of the services now available for old people.

The figures against category 2 show an increase from 74 in 1949/50 to 86 in 1950/51 in the number of aged and infirm persons admitted because the friends or relatives with whom they had been living were no longer able to continue to care for them. The number of such cases in 1948/49 was 99.

With regard to category 3, I am glad to say that, as in the previous year, it was possible to arrange for a home help to be provided in all cases where such provision enabled the old people to remain in their own homes. It will be seen from (c) of the statement that 10 old people were assisted in this way.

A further small increase is shown this year in the number of persons taking advantage of the service provided for the temporary accommodation of old persons whilst the relatives or friends who ordinarily cared for them were away on holiday or were ill (category 5).

The problem of dealing with evicted families (category 7) continues to be one of the main sources of concern owing to the lack of suitable accommodation for this type of case. It will be seen from the statement that during 1950/51 the County Council had to find accommodation for 40 women and 60 children (total 100) as compared with 41 women and 43 children (total 84) during 1949/50. Every effort is made to assist the families to find other accommodation and only as a last resort are they accommodated by the Council, partly because they have a better chance of finding their own accommodation if they remain outside and partly because if admitted they would be in the same building as that provided for aged and infirm persons. This is unsatisfactory to the old people and also to the children themselves. The accommodation for evicted families was at times full to capacity, and further efforts were made to secure from the Regional Hospital Board the use of an unused hospital for this type of case in return for the County Council giving up the use of a ward at Avonside Hospital, Evesham, in which evicted families were being accommodated with old people. The negotiations were well advanced by the end of December 1951 and although this report is for 1951, it can be stated that the County Council were able to use part of the hospital at the beginning of February 1952.

It will be noted from (e) of the statement that the number of applications refused or withdrawn for various reasons arose from 76 in 1949/50 to 167 in 1950/51. No old persons needing more care and attention than they could get in their own homes, were refused admission to a County Home ; if suitable accommodation was not available at the time of application their names were placed on a waiting list and admitted as soon as possible. In general applications were refused on the ground that they were not considered medically or otherwise to be in need of care and attention which was not otherwise available to them. The impression was gained in some instances that the applications were made to obtain accommodation at a cheaper rate than what they had to pay in lodgings or private homes.

#### *Diversional Therapy for Old People in their own Homes*

The British Red Cross Society with financial assistance from the County Council continued their valuable work during the year in providing suitable forms of diversional occupations for old people in their own homes as an aid to their recovery in health or general well-being after illness or treatment in hospital. This service which undoubtedly will develop has been found most helpful to many old people and the contribution made by the County Council covers the cost of materials supplied to those old people whose only income consists of the old age pension and who cannot afford to buy the materials themselves. Sixteen cases were assisted in this way during the year.

#### *Welfare of the Blind*

This service continued to be operated throughout 1951 with the co-operation of the Worcestershire Association for the Blind on much the same lines as in previous years.

The total number of blind persons on the County Register at the 31st December, 1951, was 512, of whom 256 were males and 256 females. The number over 50 years of age was 394 and only 19 were under the age of 16 years, there being 2 under five years of age.

The number of blind persons employed was 72, of whom 17 were in the Birmingham and Stourbridge Workshops for the Blind and 22 in the Home Workers' Scheme. The remaining 33 were employed in sighted industry.

During 1951 the three Home Teachers employed by the County Council made 5,755 visits to Blind persons as compared with 5,332 during the previous year.

Discussions took place during the year between representatives of the County Council and of the Management Committee of the Stourbridge Workshops for the Blind regarding the re-organisation of the workshops so as to secure improved efficiency and production. In order to assist the Management Committee to carry out this re-organisation, the County Council decided to make them an annual grant of £400 for a period of three years ; the Council being given priority of user of the workshops and direct representation on the Management Committee.



It has been the practice of the Ministry of Labour and National Service to pay local authorities a capitation grant of £80 per annum in respect of each approved blind workshop employee. It had long been considered an anomaly that the Ministry would not recognise blind persons in the Home Workers Scheme for grant purposes as local authorities were put to considerable expenditure in respect of these home workers. However, it was intimated in 1951 that the Ministry would pay with effect from the 1st April, 1950, grants up to £20 per annum in respect of each approved blind home worker, and grants of up to 75% of expenditure on the provision and maintenance of essential equipment and tools and provision of working accommodation, subject to a maximum expenditure of less than £25 under either head in respect of one individual, grants in cases where expenditure is more than £25 to be agreed in individual cases; this arrangement to operate for a period of three years. As nothing had been received previously this gesture on the part of the Ministry was welcomed, but it is hoped that an improvement in the grant of £20 will be made in due course.

### *Deaf, Dumb and other Handicapped Persons*

Generally the arrangements for dealing with the welfare of deaf, dumb and other handicapped persons continued much the same in 1951 as in the previous year. Every assistance was rendered by voluntary organisations in securing for these afflicted people the help and treatment best suited to overcome as much as possible the effects of their particular disabilities.

It is pleasing to record that a home catering for the deaf and dumb was established and registered with the County Council during the year by the Worcestershire and Herefordshire Association for the Deaf at Malvern. Only one Worcestershire case is maintained there at the time of writing but other cases have been sent there from other local authority areas. The home has accommodation for 10 deaf and dumb women.

There are about 153 registered deaf men, women and children and 376 men, women and children who are hard of hearing in the County. Deaf persons from Oldbury, Stourbridge and Kidderminster districts attend the Dudley Social Club and the Worcester centre is attended by the deaf from surrounding districts and from as far away as Evesham. Outings are arranged by the Association and also visits to other social centres for the deaf. A most important part played by the Association is that concerning the placement of deaf persons in suitable employment. Steps are taken in this direction as soon as a deaf boy or girl leaves school and care is taken to ensure that the employment is one which offers a steady career. Those placed in employment are regularly visited and given advice on any problems which may arise, and their interests are watched so that they are not exploited in any way. Publicity is given to the work of the Association and it is confidently thought that every deaf person in the County knows of its existence.

With regard to the hard of hearing, a lip-reading class was established at Kidderminster during the year, other classes having been previously established at Malvern and Stourbridge and the City of Worcester. In addition to the educational side of lip-reading the classes are developing on social lines.

During the year the long awaited guidance from the Minister of Health about the welfare services for handicapped persons other than the blind and partially-sighted was received. After consideration of recommendations made by the Advisory Council for the Welfare of Handicapped Persons which the Minister established, he presented an outline scheme for the provision of welfare services for deaf or dumb persons and an outline scheme for persons substantially and permanently handicapped by illness, injury or congenital deformity. Although the Minister has decided for the present not to make it a duty for county councils and county borough councils to exercise their powers under Section 29 of the National Assistance Act, 1948, as respects the classes of handicapped persons covered by the two outline schemes as he did in regard to blind persons, he hoped that welfare authorities would consider formulating schemes on the basis of the outline schemes and submit them to him.

The Worcestershire Advisory Committee on the Welfare of Handicapped Persons who will consider in the first instance the question of developing the welfare services on the lines put forward by the Minister of Health will have met by the time this report is in print. Action has already been taken to ascertain as far as possible the number and types of handicapped persons in the County who might wish to avail themselves of any welfare services provided by the County Council.





APPLICATIONS FOR PROVISION OF RESIDENTIAL ACCOMMODATION  
PERSONS ADMITTED DURING PERIOD 5/7/50 TO 4/7/51 INCLUSIVE

| CAUSE OF ADMISSION   | AGE GROUPS |          |            |            |            |            |            |             |            |          |              |
|--|------------|----------|------------|------------|------------|------------|------------|-------------|------------|----------|--------------|
|  | 0-15       | 16-19    | 20-29      | 30-39      | 40-49      | 50-59      | 60-69      | 70-79       | 80-89      | 90-99    | Total        |
| 1. Aged and infirm living alone in need of care and attention not available to them other than in a residential home.  |            |          |            |            |            | 2<br>(1)   | 41<br>(38) | 101<br>(65) | 58<br>(28) | 2<br>(5) | 204<br>(137) |
| 2. Aged and infirm living with friends or relatives who for one reason or another were unable to continue looking after them.  |            |          |            |            |            | 2<br>(3)   | 21<br>(5)  | 38<br>(31)  | 24<br>(33) | 1<br>(2) | 86<br>(74)   |
| 3. Aged and infirm whose need could have been met if some form of domestic assistance could have been provided.  |            |          |            |            |            |            |            |             |            |          | —<br>(—)     |
| 4. Physically or mentally handicapped persons who for one reason or another were unable to remain with relatives or friends with whom they ordinarily resided.   |            | (2)      | 2<br>(1)   |            | 12<br>(5)  | 22<br>(13) | (15)       | 1           |            |          | 37<br>(36)   |
| 5. Aged, infirm or physically or mentally handicapped who because of illness or holiday of friends or relatives with whom they ordinarily resided were provided with temporary accommodation (Short stay cases.) |            |          |            |            |            | 1<br>(1)   | 2          |             | 4<br>(1)   | (2)      | 7<br>(5)     |
| 6. Homeless persons in need of care, e.g. expectant mothers (married and unmarried), mothers with children (married and unmarried).  | 20<br>(18) | (2)      | 8<br>(21)  | 12<br>(5)  | (1)        | (1)        |            |             |            |          | 40<br>(48)   |
| 7. Persons who in consequence of eviction from their home or lodgings were provided with temporary accommodation, the local housing authority being unable to meet their needs.                                  | 60<br>(43) |          | 17<br>(18) | 9<br>(5)   | 5<br>(6)   | 3<br>(7)   | 1<br>(5)   | 5           |            |          | 100<br>(84)  |
| 8. Persons who in consequence of fire had lost their homes and were provided with temporary accommodation.   |            | (1)      | (5)        | (2)        | (1)        | (1)        |            | (1)         |            |          | —<br>(11)    |
| TOTAL ...  | 80<br>(61) | —<br>(5) | 27<br>(45) | 21<br>(12) | 17<br>(13) | 30<br>(27) | 65<br>(63) | 145<br>(98) | 86<br>(62) | 3<br>(9) | 474<br>(395) |

167 (113) of the above cases, whilst falling within categories 1, 2, 4, 5 and 6, were admitted to residential accommodation direct from Regional Hospital Board establishments after every avenue had been explored with a view to the persons concerned being re-established in their normal family life.

PERSONS NOT ADMITTED

| REASON FOR NON-ADMISSION   | 0-15       | 16-19    | 20-29      | 30-39      | 40-49      | 50-59    | 60-69     | 70-79      | 80-89      | 90-100   | Total        |
|--|------------|----------|------------|------------|------------|----------|-----------|------------|------------|----------|--------------|
| (a) Relatives or friends persuaded to care for them.   | 1          | 1<br>(2) | (2)        | (2)        | (3)        |          |           | 1<br>(3)   | 1<br>(6)   | (2)      | 4<br>(20)    |
| (b) Assisted in finding alternative accommodation  | 13<br>(6)  |          | 10<br>(9)  | 5<br>(3)   | 2<br>(6)   | 1<br>(1) | 1         | 1<br>(4)   | (2)        |          | 33<br>(31)   |
| (c) Arrangements made for assistance be provided through the Home Help Service.  |            |          |            |            |            |          | (1)       | 5<br>(6)   | 5<br>(2)   |          | 10<br>(9)    |
| (d) Applicants found to be too ill to be admitted to residential accommodation and arrangements made for their admission direct to Hospital. |            |          |            | 1          | (1)        | (1)      | 1<br>(1)  | (4)        | (4)        | 1<br>(1) | 3<br>(12)    |
| (e) Applications refused or withdrawn for various reasons.   | 23<br>(19) | 2<br>(4) | 8<br>(11)  | 14<br>(6)  | 10<br>(8)  | 7<br>(3) | 14<br>(7) | 22<br>(11) | 17<br>(6)  | (1)      | 117<br>(76)  |
| TOTAL ...  | 37<br>(25) | 3<br>(6) | 18<br>(22) | 20<br>(11) | 12<br>(18) | 8<br>(5) | 16<br>(9) | 29<br>(28) | 23<br>(20) | 1<br>(4) | 167<br>(148) |

NOTE.—Figures in brackets are for year 5.7.49 to 4.7.50 and are shown for comparison.





## HOUSING.

Although the County Council is not a housing authority they have certain responsibilities, more particularly relating to rural districts, under the Housing Acts.

In earlier Reports, the view was advanced that deficiencies in the housing of the people was the most urgent public health problem existing; the position has not radically altered to-day notwithstanding the large number of new houses built each year.

I have included in this section a table showing the number of new houses built in the County since the 1st April 1945, and up to the end of the year, that is in approximately  $6\frac{1}{2}$  years. I think these figures show the excellent work which has been done, but still the lists of families wanting homes remain formidable.

Since the war, the emphasis has been laid on the provision of new houses; very little has been done to replace the unfit homes condemned years ago, and which have steadily got worse. It is hoped that before long a start will be made to clear these condemned properties.

Similarly, the maintenance of houses in a reasonably fit condition is a most difficult problem. The cost of carrying out repairs is such that, having regard to the controlled rents, it would seem in many instances that severe hardship is placed upon the owners.

It has been estimated that houses are falling into decay at the rate of 200,000 a year, but this does not mean that they are being demolished at this rate; in fact, from returns made by fourteen of the districts of the County only 33 houses were demolished during the year, following the making of demolition orders.

Dr. R. W. Markham (Medical Officer of Health, Bewdley) writes :

The question of the old and unfit properties referred to last year is no nearer a solution. It is most unfortunate that not even the minimum repairs necessary to keep out the weather have been carried out in a number of cases. With regard to new houses, it is sad to have to record that progress here is not even keeping pace with the number of applications received.

Dr. E. T. Shennan (Medical Officer of Health, Redditch) writes :

Notwithstanding the good record of the Council in post-war housing, this progress has only scratched the surface of the problem, and many hundreds of houses are still required both for new families and to re-house families now living under unsatisfactory conditions.

Kidderminster Rural District's housing progress, a very good one, is not keeping pace with the demand, whilst Upton-on-Severn's waiting list remains a formidable one, containing the names of over 500 applicants.

In the rural districts of the County, the housing survey shows that there are 5,502 houses requiring fairly large repairs, whilst no fewer than 2,300 were regarded as unfit for habitation and beyond repair at a reasonable cost. 1,015 houses had been noted as being suitable for reconditioning under the now defunct Housing (Rural Workers) Acts. In the Housing Act 1949, provision is made for grants to owners of property considered suitable for reconditioning. The results have been extremely disappointing. A table is given showing the number of applications amounting to only 49 received and dealt with by the rural authorities in the County.

Why the response has been so poor, is not so easy to judge, but amongst some of the reasons are the following :—

- (a) A hesitation to encourage applications owing to the fact that the grants would have come out of the sum allocated by the Ministry to cover essential repairs over the area.
- (b) The limit of £600 in the cost of the works imposed by the Act, and thought by some to be too low.
- (c) Often the inability of the owner to find his share of the cost of the works of improvement. (Loans can be made available under the Act).

In previous reports, reference has been made to the problem of sub-standard housing by the use of shacks, etc., as permanent homes.

A comprehensive survey of the main areas occupied by caravans and shacks has been made by the County Council from the point of view of enforcement procedure in respect of development without planning permission. It was found that out of nearly 2,000 caravans and shacks in the County, about 300 are permanently occupied.

The public health problems connected with the question, particularly where there are collections of permanently occupied structures, are giving the local authorities much concern.



Table showing numbers of Permanent Houses built in the County at the end of 1951.  
(Figures relate from 1st April, 1945).

| Local Authority        | Population<br>(Mid<br>1951) | New Dwellings built<br>by Housing Auth.<br>and Housing Assoc. |                | Temp-<br>orary<br>Houses<br>Com-<br>pleted | New Dwellings built<br>by Private Builders |                |
|------------------------|-----------------------------|---|----------------|--|--|----------------|
|                        |                             | No. under<br>Construct.                                       | Com-<br>pleted |  | No. under<br>Construct.                    | Com-<br>pleted |
| BOROUGHES              |                             |   |                |  |  |                |
| Bewdley .. ..          | 4903                        | 5   | 89             | —  | 3  | 30             |
| Droitwich .. ..        | 6447                        | 66  | 244            | —  | 11   | 45             |
| Evesham .. ..          | 11950                       | 48  | 284            | 29   | 7  | 60             |
| Halesowen (a) .. ..    | 39770                       | 174   | 750            | 86   | 23   | 259            |
| Kidderminster .. ..    | 37390                       | 56  | 662            | 100  | 5  | 74             |
| Oldbury .. ..          | 53740                       | 81  | 406            | 50   | 9  | 143            |
| Stourbridge .. ..      | 37290                       | 98  | 978            | —  | 17   | 199            |
| URBAN                  |                             |   |                |  |  |                |
| Bromsgrove (b) .. ..   | 28550                       | 140   | 544            | 50   | 7  | 114            |
| Malvern (c) .. ..      | 23940                       | 108   | 558            | 84   | 12   | 135            |
| Redditch .. ..         | 29400                       | 148   | 1182           | 100  | 7  | 270            |
| Stourport-on-Severn .. | 10120                       | 18  | 304            | 20   | 1  | 48             |
| RURAL                  |                             |   |                |  |  |                |
| Bromsgrove .. ..       | 27880                       | 52  | 304            | —  | 12   | 226            |
| Droitwich .. ..        | 15480                       | 20  | 160            | —  | 3  | 69             |
| Evesham .. ..          | 16300                       | 56  | 410            | —  | 8  | 140            |
| Kidderminster .. ..    | 11900                       | 88  | 300            | —  | 7  | 78             |
| Martley .. ..          | 11540                       | 6   | 176            | —  | 10   | 76             |
| Pershore .. ..         | 16490                       | 49  | 246            | 30   | 10   | 87             |
| Tenbury .. ..          | 5460                        | 6   | 32             | —  | 1  | 12             |
| Upton-on-Severn .. ..  | 15050                       | 62  | 174            | 12   | 16   | 72             |
| Totals ..              | 403600                      | 1281  | 7803           | 561  | 169  | 2137           |

(a) The figures include 4 houses under construction and 50 completed by Housing Associations.

(b) The figures include 100 houses built by Housing Associations.

(c) " " " 4 " " " "

## RURAL HOUSING SURVEY

Return of Houses Surveyed to 31st December, 1951

| Rural District                      | Population<br>Mid 1951<br>(R.G.'s<br>Estimate) | No. of<br>Houses<br>Inspected | CLASSIFICATION OF HOUSES INSPECTED |             |              |             | Houses included<br>in the<br>preceding four<br>categories which<br>have been noted<br>for action under<br>the Housing<br>(Rural Workers)<br>Acts | Remarks          |
|-------------------------------------|--|-------------------------------|------------------------------------|-------------|--------------|-------------|--|------------------|
|                                     |  |                               | (i)<br>No.                         | (ii)<br>No. | (iii)<br>No. | (iv)<br>No. |  |                  |
| Bromsgrove                          | 27880  | 6805                          | 4480                               | 1429        | 556          | 340         | 91   | Survey completed |
| Droitwich<br>Evesham                | 15480<br>16300                                 | 3138<br>3999                  | 1424                               | 785         | 589          | 340         | —  | Survey completed |
|                                     |  |                               | 2183                               | 526         | 1191         | 99          | —  | Survey completed |
| Kidderminster<br>Martley<br>Persore | 11900<br>11540<br>16490                        | 1938<br>2310<br>2090          | 357                                | 873         | 466          | 242         | 89   | Survey completed |
|                                     |  |                               | 279                                | 882         | 686          | 463         | 195  | Survey completed |
|                                     |  |                               | 161                                | 571         | 962          | 396         | 407  | Survey completed |
| Tenbury<br>Upton-on-Severn          | 5460<br>15050                                  | 833<br>2013                   | 166                                | 342         | 185          | 140         | —  | Survey completed |
|                                     |  |                               | 114                                | 752         | 867          | 280         | 233  | Survey completed |
| Totals and<br>Averages              | 120100   | 23126                         | 9164                               | 6160        | 5502         | 2300        | 1015   |                  |

## Classification.

- (i) Satisfactory in all respects.  
(ii) Minor Defects.

- (iii) Requiring repair, structural alteration and improvement.  
(iv) Unfit for habitation and beyond repair at a reasonable cost.

RURAL HOUSING.  
HOUSING ACT, 1949. IMPROVEMENT GRANTS.

| Rural District  | Applications dealt with by R.D.C.'s. |              |              |                         |  | Application submitted to Regional Office of Ministry of Health |              |              |                         | Remarks   |
|-----------------|--------------------------------------|--------------|--------------|-------------------------|--|--|--------------|--------------|-------------------------|---|
|                 | No. received                         | No. approved | No. rejected | No. under consideration |  | No. sent   | No. approved | No. rejected | No. under consideration |   |
| Bromsgrove      | 2                                    | 2            | —            | —                       |  | 2  | —            | 1            | 1                       | No applications received during 1951                          |
| Droitwich       | 4                                    | 3            | 1            | —                       |  | 3  | —            | —            | 3                       |   |
| Evesham         | 10                                   | 9            | 1            | —                       |  | 9  | 2            | 7            | —                       |   |
| Kidderminster   | 6                                    | 2            | —            | 3                       |  | 6  | 2            | —            | 3                       | One application subsequently withdrawn                        |
| Martley         | 2                                    | 1            | 1            | —                       |  | 1  | 1            | —            | —                       |   |
| Pershore        | 5                                    | 3            | 1            | 1                       |  | 1  | 1            | —            | —                       |   |
| Tenbury         | 3                                    | 2            | 1            | —                       |  | 2  | —            | 2            | —                       | Two application withdrawn whilst waiting approval of Ministry |
| Upton-on Severn | 17                                   | 15           | 2            | —                       |  | 15   | 9            | 2            | 2                       |   |
| Totals          | 49                                   | 37           | 7            | 4                       |  | 39   | 15           | 12           | 9                       |   |



*Hop Pickers Accommodation.*

I am pleased to report that nothing untoward happened during the hop picking season. Picking began during the first week of September. Good weather and a normal crop resulted in the work being completed within a month on most of the farms.

Mr. Pratt (Sanitary Inspector, Martley Rural District), has compiled some very interesting figures about the effect of the rapidly increasing installation of hop picking machines on the number of pickers for whom living accommodation has to be provided by the growers. The figures are worth reproducing.

In Martley Rural District, where there were at one time about 50 farms at which hop pickers were housed, there are now only 27. Of the larger farms, only eight still employ pickers, the majority being employed on the smaller farms. In 1950 five machines were installed and a further eleven were provided this year, making a total of sixteen.

The following table shows how these machines are reducing the number of "imported" pickers.

| <i>Year.</i> | <i>No. of<br/>Machines.</i> | <i>" Imported " Adults.</i> | <i>Pickers.<br/>Children.</i> | <i>Approximate No.<br/>of Local Pickers.</i> |
|--------------|-----------------------------|-----------------------------|-------------------------------|--|
| 1944         | 1                           | 5,873                       | 850                           | Not known.                                   |
| 1947         | 1                           | 5,300                       | 1,837                         | Not known.                                   |
| 1949         | 1                           | 5,637                       | 810                           | Not known.                                   |
| 1950         | 5                           | 4,600                       | 548                           | Not known.                                   |
| 1951         | 16                          | 2,003                       | 817                           | 1,643  |

The number of children in 1951 is interesting. The percentage is approximately 40% which is exactly the same as in Herefordshire.

Mr. Pratt thinks that hop picking by hand is doomed and that the use of the machine seems to be an accepted fact. Up to now, the machines installed have been more suited to the larger grower, but it is known that one is being produced for use on the smaller farms. This being so, no action is being taken by his Council to replace defective barracks, but there will be no relaxation in their efforts to see that the pickers are housed in reasonable conditions and that compliance with the Bye-laws is maintained.

In Tenbury Rural District, where there are 22 hop pickers quarters, four machines have been installed.

Mr. Parkinson (Sanitary Inspector, Tenbury Rural District) in his last annual report, gives some interesting views based on his long experience of this problem.

He writes:—"Hop picking byelaws operate only against the persons who provide the accommodation, usually the growers. There are often times when I feel that, on some matters, they might more justly operate against the pickers. If an intelligent and voluntary co-operation in every way by pickers continues to be slow in coming, kindly persuasion will not cease, but I feel that the effort will, before long, be overtaken by the machine."

Mr. Parkinson also thinks that the Council's byelaws should be extended to make provision to lessen the ever present risk of fire, particularly at those camps where there are quarters on floors above the ground level. I think his Council would be well advised to act upon this suggestion.

Nursing provision was provided by the County Council, by the Salvation Army, the Roman Catholic Mission and by the Diocesan Hop Pickers Mission. As regards medical attention, the position of the "imported" picker under the National Health scheme is the same as that of a "temporary resident," i.e., any person living for a period of not more than three months and not on a doctor's list in that area can receive treatment as a temporary resident.

I understand that the Roman Catholic Mission came to the Worcestershire hop fields for the last time as they feel that "owing to the considerable reduction in the number of pickers" the need no longer exists. I should like to end this section of the Report by expressing my grateful thanks to this Mission which for very many years, including the difficult war years, did such excellent nursing and social work in the Teme Valley hop fields of Worcestershire. They will be missed by many.

Visits were made by members and officials of Dudley Education Committee who were interested in Dudley children who had accompanied their parents to the hopfields.

A senior Medical Officer of the Ministry of Housing and Local Government visited Martley and Tenbury rural districts who only found it necessary to call attention to one set of premises and a general comment about untidiness and inefficient scavenging: several farms in Martley were named as examples where conditions were "outstandingly good."

There are a few premises for pickers in both the Pershore and Upton-on-Severn Rural Districts.

#### *Rural Water Supplies and Sewerage.*

This is a rather disappointing section of the Report to write. Great hopes were held that the promise implied when the Rural Water Supplies and Sewerage Act of 1944 was passed would have by this time been well on the way to fulfilment, namely, piped water, and possibly sewerage, for every rural locality or village in the County. This object, which unfortunately is still a long way off, is desirable not only because piped water supplies and proper sewerage and sewage disposal systems are necessary from the point of view of public health, but because the provision of these amenities would help in attracting to, and keeping workers in the various branches of agriculture, and thus stop or help to stop the depletion of the rural areas of the young vigorous healthy workers who are tending to leave the country for the better living conditions and public health amenities offered by the towns.

In view of the national economic situation towards the end of the year the Minister announced that for the time being he could not allow schemes to start, not even those that had already been approved.



In August a further Act was passed known as the Rural Water Supplies and Sewerage Act, 1951, which increased to £45,000,000 the sum of £15,000,000 provided by Parliament under the earlier Act of 1944 towards expenses incurred by local authorities in England and Wales on schemes of water supplies and sewage disposal.

Schemes are now being approved again, particularly water supply schemes, and it seems advisable that district councils should lose no time in putting forward their schemes.

The following schemes have been submitted during the year. Several districts still have schemes outstanding, some of fairly considerable magnitude :—

| <i>District</i>      | <i>Nature of Scheme</i>   | <i>Cost</i><br>£ | <i>Remarks.</i>                          |
|----------------------|---|------------------|--|
| Bromsgrove Rural.    | Further amended scheme for sewerage and sewage disposal at Inkford in Parish of Wythall.  | 8,500            | Approved by County Council.              |
| Droitwich Rural.     | Amended scheme of sewerage and sewage disposal for Ombersley.                             | 38,830           | Awaiting Ministry Inquiry.               |
| „                    | Scheme of water supply for the Torton area of Hartlebury.                                 | 4,085            | Awaiting Ministry Inquiry.               |
| Droitwich Rural.     | Water supply for Martin Hussingtree.  |                  | Work to be carried out by direct labour. |
| Evesham Rural.       | Scheme of sewerage and sewage disposal for Cleeve Prior.                                  | 3,300            | Awaiting Ministry Inquiry                |
| Kidderminster Rural. | Water Supply scheme for Sugars Lane, Far Forest.  | 2,320            | Approved by Ministry.                    |
| „                    | „ Amended scheme of water supply for Wolverley, Churchill, Broome and Chaddesley Corbett. | 16,500           | Under consideration.                     |
| Martley Rural.       | Extension of sewer at Broadheath (part of major scheme).                                  | 4,812            | Approved.                                |
| Pershore Rural.      | Revised scheme of sewerage and sewage disposal for Norton-juxta-Kempsey.                  | 5,776            | Approved.                                |
|                      | Water supply scheme for Norton-juxta-Kempsey.   | 5,802            | Awaiting Ministry Inquiry.               |



In addition to the above, several water schemes are being carried out, all extensions from existing mains, to serve predominantly agricultural needs, and which are being contributed to by the Ministry of Agriculture and Fisheries by way of lump sums.

During the year, there were informal conversations with an official of the Ministry of Agriculture and Fisheries on the desirability of letting the County Council know of these schemes. The County Sanitary Officer now has contact with the Water Supplies Officer to the County Agricultural Executive Committee, and a most useful exchange of information takes place.

The following inquiries were held by the Minister of Housing and Local Government into water and sewerage schemes :—

| <i>Date</i>   | <i>Details</i>   | <i>Scheme estimated to cost</i> |
|---------------|--|---------------------------------|
| 16th January. | Water Supply for Cookley, Wolverley, Chaddesley Corbett, etc. for Kidderminster Rural District | £16,500                         |
| 17th July.    | Sewerage and sewage disposal in the Parish of Clifton-on-Teme for Martley Rural District       | £7,530                          |
| 6th December. | Water supply scheme for northern parishes of Evesham Rural District                            | £145,000                        |

*South Staffordshire Water (Churchill Pumping Station) Order, 1951.*

This Order was made during the year under the Water Act of 1945.

This Order permits the Company to construct and maintain boreholes at Churchill. The amount of water to be pumped is limited to 803 million gallons in the year and to daily maximum quantities.

The Kidderminster Rural District Council, in whose area the borehole is to be sunk, will be afforded a supply from this source under very favourable conditions. They opposed the order because of its possible effect on the Council's existing borehole at Cookley, some two miles away.

*East Worcestershire Water Order, 1951.*

The East Worcestershire Waterworks Company applied to the Minister of Local Government and Planning for an order to empower the Company to sink a borehole at Wildmoor, Bromsgrove.

Formal objection was made by the County Council to the Minister, as no provision had been included in the Order for the usual protection of local sources of supply. Subsequently, a protection clause was received from the Company and after taking the opinion of the County Council's geological adviser, who thought the clause offered adequate protection, and that it was very unlikely that any better protection could be obtained, the County Council withdrew their objection and the Order was made.

The Company hope to obtain  $1\frac{1}{2}$  million gallons a day from this pumping station.

*Water Supply Survey of the West Midlands Area.*

During the year considerable time and thought was given to the careful study of the "Pollock Report." This is a report prepared by one of the Minister's engineering inspectors after a comprehensive survey of the water supplies in the West Midlands. The survey was made to assist consideration of the many problems of planning and organisation of water supplies in the West Midlands to ensure that they kept pace with the growing industrial and agricultural demands as well as with the domestic needs accentuated by housing development.

Very briefly, the suggestions of the Inspector were that so far as Worcestershire is concerned, the number of water undertakers should be reduced from the present number of 16 to three.

The Report states that the Minister is not necessarily committed to accept the conclusions and recommendations, but he hopes that they will be of value in settling future policy for water supplies in the County.

Having carefully considered the Report and having examined the whole problem, so far as it affects Worcestershire, in consultation with all the local authorities and water undertakers in the County, the Council felt unable to accept the recommendations.

The County Council thought, however, that local authorities and water companies in Worcestershire should try to work together, to overcome the weaknesses pointed out in the White Paper so far as they applied in Worcestershire. They have suggested the formation of a County Water Co-ordinating Committee, without any statutory or executive powers, whose main object would be to provide co-operation between water undertakers and local authorities, and for a general exchange of information about water schemes. Thus, it should be possible to plan and secure the most efficient, and economical methods for the collection and distribution and protection, if necessary, of the adequate water resources of this county.

WATER SUPPLIES IN RURAL DISTRICTS OF WORCESTERSHIRE

| Rural District  | Houses Supplied by Mains |                 |                     |                 | From Wells,<br>Springs, etc. |                 |
|-----------------|--------------------------|-----------------|---------------------|-----------------|------------------------------|-----------------|
|                 | Direct to Houses         |                 | Stand pipe supplies |                 |                              |                 |
|                 | No. of<br>houses         | Popula-<br>tion | No. of<br>houses    | Popula-<br>tion | No. of<br>houses             | Popula-<br>tion |
| Bromsgrove      | 7033                     | 24613           | 8                   | 28              | 1190                         | 4149            |
| Droitwich       | 798                      | —               | —                   | —               | 2254                         | —               |
| Evesham         | 4109                     | 13594           | 28                  | 103             | 780                          | 2342            |
| Kidderminster   | 2165                     | 6925            | 779                 | 2490            | 580                          | 1834            |
| Martley         | 198                      | 631             | 13                  | 42              | 3445                         | 10770           |
| Pershore        | 2263                     | 7958            | —                   | —               | 2214                         | 7522            |
| Tenbury         | 408                      | 1640            | —                   | —               | 1229                         | 4391            |
| Upton-on-Severn | 704                      | 2452            | 20                  | 65              | 2840                         | 8245            |



### *Rivers Pollution.*

The Trent River Board started functioning on the 1st April, 1951. Under Section 4 of the River Boards Act, local authorities (including County Councils) cease to exercise statutory functions in relation to the prevention of river pollution within a river board's area.

The Borough of Oldbury, part of the Borough of Halesowen and parts of Bromsgrove Urban and Rural districts are within the Trent River Board's area. The remainder of the County is within the area of the Severn River Board, with a very small area in the extreme south within the Thames and Lee Catchment area, and another small area in the north west within the area of the River Wye.

There still remains with a local authority the powers and responsibilities under the Public Health Act, 1936, for the abatement of a public health nuisance arising in a watercourse. Unless there is close collaboration this might lead to an overlapping of functions.

The County Council are in many instances giving financial aid to district councils in the provision of sewerage and sewage disposal schemes, and it seems prudent for occasional visits to be made to see that the standard of maintenance is such that the works are not suffering any structural depreciation.

These visits form a useful contact in connection with proposed new schemes submitted under the Rural Water Supplies and Sewerage Acts.

### MILK

The extensive legislation which became operative from 1st October, 1949, resulted in changes in the administration affecting the production, distribution, and heat treatment of milk, and were outlined in the last two Reports.

The object of the changed procedure was to achieve an improved and uniform type of administration, with the avoidance of overlapping with the different types of authorities, though up to now this has not been fully achieved.

During the year the Council supported a complaint by one authority that insufficient inspections of dairy farms had been made since the change over, and drew the attention of the Ministry of Agriculture and Fisheries to the fact that his Department were not carrying out sufficient inspections of premises of producers of non-designated milk; neither was the control of milk sampling of the producer-retailer class sufficient. The Council also said that the central and county milk and dairies advisory committees proposed to be constituted under the 1949 Milk and Dairies Regulations should be set up without further delay.



*The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949.*

Under these Regulations, the County Council have issued 15 pasteuriser's licences and one steriliser's licence. During the year, one application was received from a firm whose premises were not registered with the local authority as a dairy under the Milk and Dairies Regulations. It is necessary that premises are so registered and the application was refused.

Four of the pasteurising plants are of the high temperature short-time design, while the remainder are of the holder type.

At several of the plants the temperature control apparatus at different times has been out of order ; it would be of considerable advantage if the trade organisation held reserves which could be available to its members at short notice. Under present conditions, it often takes considerable time to repair the scientific recording instruments upon which the efficiency of the plant depends.

The following table shows the number of pasteurised and sterilised milk samples collected in respect of plants licensed by the County Council. It does not include samples taken by the local authorities in whose area the milk is retailed.

*Pasteurised Milk*

| Place where<br>sample<br>Collected. | No. of<br>Samples<br>Taken | Results.         |      |                        |      | Remarks  |
|-------------------------------------|----------------------------|------------------|------|------------------------|------|--|
|                                     |                            | Phosphatase Test |      | Methylene<br>Blue Test |      |  |
|                                     |                            | Pass             | Fail | Pass                   | Fail |  |
| Schools — —                         | 110                        | 108              | 2    | 106                    | —    | 4 Methylene Blue<br>Tests Void.                                  |
| Nurseries —                         | 7                          | 6                | 1    | 6                      | 1    |  |
| Hospitals —                         | 42                         | 38               | 3    | 42                     | —    | 1 Phosphatase Test<br>Void.                                      |
| Children's Homes                    | 29                         | 25               | 3    | 27                     | —    | 1 Phosphatase Test<br>Void.<br>2 Methylene Blue<br>Tests Void.   |
| Dairies — —                         | 322                        | 309              | 12   | 316                    | —    | 1 Phosphatase Test<br>Void.<br>6 Methylene Blue<br>Tests Void.   |
| TOTALS — —                          | 510                        | 486              | 21   | 497                    | 1    | 12 Methylene Blue<br>Tests Void.<br>3 Phosphatase Tests<br>Void. |

24 Samples of Sterilised Milk were collected, all of which passed the Turbidity Test and were satisfactory.

46 Samples were collected of raw Tuberculin Tested Milk, all of which were satisfactory.

*NOTE.*

The Phosphatase Test shows whether the milk has been heated to the proper temperature and subsequently held at the correct temperature for the correct period.

The Methylene Blue Test is applied to test the keeping quality of the milk.

The Turbidity Test applied to sterilised milk shows whether the temperature of the milk has been raised to boiling point and kept at or above that temperature for a sufficient length of time.

The Methylene Blue tests on pasteurised milk have to be declared void when the atmospheric shade temperature at any time between the collection of the sample and testing exceeded 65°F.

Under certain conditions the photphatase test is also void.

*Milk in Schools Scheme.*

The scheme has been maintained throughout the County, and at the end of the year there were only three schools without a supply. Increasing delivery costs in the rural areas are making the supply, in many instances, uneconomical to the Dairyman, and various arrangements have had to be made to get the milk to the schools, such as by taking advantage of the delivery vehicles of the school meals service and even by public transport.

The following table shows the grade of milk supplied to schools under the scheme.

| <i>Grade.</i>     | <i>No. of schools supplied.</i> |
|-------------------|---------------------------------|
| Pasteurised       | 299                             |
| Tuberculin Tested | 16                              |
| Accredited        | Nil                             |
| Undesignated      | Nil                             |

These figures are extremely satisfactory because it is by no means easy to get supplies of pasteurised milk in the rural areas. All but three schools receive the milk in one-third pint bottles.

The Director of Education has kindly submitted the following table which shows figures taken from a census made in October, 1951, of the number of children taking school milk. The total number of school departments is 318, of which 315, or 99.1 per cent. were taking milk.

| <i>Type of School.</i> | <i>Number Present.</i> | <i>Number Taking Milk</i> | <i>% Taking Milk.</i> |
|------------------------|------------------------|---------------------------|-----------------------|
| Primary — —            | 35,375                 | 31,631                    | 89.4                  |
| Secondary — —          | 15,688                 | 9,671                     | 61.6                  |
| TOTAL — —              | 51,063                 | 41,302                    | 80.9                  |

A rather serious complaint was made at the half yearly meeting of the Worcestershire Federation of Women's Institutes at which a resolution was passed about the chipped and broken condition of some of the bottles used for school milk, although not all members agreed with the resolution.



No complaints had been received from Head Teachers prior to the resolution but they were requested to notify the Health Department at once should they notice any unsatisfactory bottles. For a few days some complaints were received, which were all immediately investigated; after three weeks, no further complaints were received. At the commencement of the investigation there was one unsatisfactory bottle in every 51,627 so that no strong evidence was found to confirm the alleged unsatisfactory conditions. What was found, however, was the extremely rough usage to which school milk bottles are subjected in some instances and the very much shorter life of a school milk bottle compared with bottles used for other supplies.

### *Biological Samples.*

The County Council have the duty of enforcing the provision of the Food and Drugs (Milk, Dairies and Artificial Cream) Act 1950 relating to the prohibition of the sale of tuberculous milk, and milk of cows suffering from tuberculosis and certain other diseases. Prior to 1938 the systematic inspection of dairy herds was carried out by veterinary officers employed by the responsible local authorities. The duty was taken over by the Ministry of Agriculture and Fisheries, but in recent years it is true to say that due to extreme pressure in other fields, the systematic routine clinical inspection of dairy herds has fallen off seriously. At times much concern has been felt particularly about the producer-retailer of non-designated milk, a milk supply which does not have the safeguard of the protection afforded by heat treatment. A return to the systematic dairy herd inspections by a staff specialising in this branch of work is desirable.

As many biological samples as the existing facilities would allow have been taken by the Council's officers during the year and the following table summarises the results :—

### *Biological Samples.*

| No. of samples collected. | No. Negative | No. Positive | Test Uncompleted |
|---------------------------|--------------|--------------|------------------|
| 209                       | 203          | 5            | 1                |

The positive samples were investigated by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries and appropriate action taken.

The District Medical Officer of Health was also notified in each case so that he could consider, with the Veterinary Officer, the action to be taken with regard to the milk supply.

At the end of the year there were 1,512 registered dairy farms in Worcestershire. Of this number, 396 or 26% held Tuberculin Tested licences and 114 or 7% were Accredited. The remaining 67% were undesignated.



*Venereal Diseases*

Since the 5th July 1948, the County Council has ceased to be responsible for providing treatment for cases of venereal disease. The following table has been compiled from information supplied by the various hospital treatment centres.

| Treatment Centre |      | Number of Worcestershire cases dealt with for the first time |      |          |       |
|------------------|------|--|------|----------|-------|
|                  |      | Syphilis   | Gon. | Not V.D. | Total |
| WORCESTER        | —    | 17   | 9    | 77       | 103   |
| KIDDERMINSTER    | —    | 10   | 8    | 62       | 80    |
| BIRMINGHAM       | —    | 11   | 18   | 87       | 116   |
| DUDLEY           | —    | 1  | 3    | 12       | 16    |
| STOURBRIDGE      | —    | 15   | 6    | 20       | 41    |
| OXFORD           | —    | —  | —    | 1        | 1     |
| Totals, 1951     |      | 54   | 44   | 259      | 357   |
|                  | 1950 | 42   | 52   | 279      | 373   |
|                  | 1949 | 68   | 98   | 311      | 477   |
|                  | 1948 | 105  | 111  | 350      | 566   |
|                  | 1947 | 104  | 142  | 450      | 696   |
|                  | 1946 | 126  | 226  | 592      | 944   |
|                  | 1945 | 88   | 140  | 675      | 903   |
|                  | 1944 | 93   | 70   | 555      | 718   |
|                  | 1943 | 114  | 129  | 661      | 899   |
|                  | 1942 | 94   | 135  | 517      | 746   |
|                  | 1941 | 58   | 99   | 304      | 462   |
|                  | 1940 | 55   | 126  | 241      | 422   |
|                  | 1939 | 33   | 83   | 237      | 353   |
|                  | 1938 | 48   | 138  | 187      | 373   |



TABLE 2.

TABLE 2.

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| District              | Menin-<br>gococcal<br>Infection |        | Scarlet<br>Fever |        | Diphtheria<br>and<br>Membran-<br>eous<br>Croup |        | Para-<br>typhoid<br>Fever |        | Puerperal<br>Purexia |            | Pulmonary<br>Tubercu-<br>losis |        | Non-<br>Pulmonary<br>Tubercu-<br>losis |        | Ophthalmia<br>Neona-<br>torum |        | Acute Polio-<br>myelitis |            | Pneumonia |        | Acute<br>Encephalitis |        | Measles |        | Whooping<br>Cough |        | Dysentery |        | Food<br>Poison-<br>ing |        | Erysipelas |        |    |
|-----------------------|---------------------------------|--------|------------------|--------|--|--------|---------------------------|--------|----------------------|------------|--------------------------------|--------|--|--------|-------------------------------|--------|--------------------------|------------|-----------|--------|-----------------------|--------|---------|--------|-------------------|--------|-----------|--------|------------------------|--------|------------|--------|----|
|                       | Cases                           | Deaths | Cases            | Deaths | Cases  | Deaths | Cases                     | Deaths | Cases                | Deaths (b) | Cases                          | Deaths | Cases                                  | Deaths | Cases                         | Deaths | Cases                    | Deaths (a) | Cases     | Deaths | Cases                 | Deaths | Cases   | Deaths | Cases             | Deaths | Cases     | Deaths | Cases                  | Deaths | Cases      | Deaths |    |
| <i>Urban</i>          |                                 |        |                  |        |  |        |                           |        |                      |            |                                |        |  |        |                               |        |                          |            |           |        |                       |        |         |        |                   |        |           |        |                        |        |            |        |    |
| Bewdley Borough ..    | ..                              | ..     | 1                | ..     | ..   | ..     | ..                        | ..     | ..                   | ..         | 4                              | ..     | ..                                     | ..     | ..                            | ..     | ..                       | ..         | 9         | 1      | ..                    | ..     | 82      | ..     | 40                | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Bromsgrove ..         | ..                              | ..     | 18               | ..     | ..   | ..     | 4                         | ..     | 11                   | 1          | 31                             | 8      | 6                                      | ..     | 1                             | ..     | ..                       | ..         | 25        | 11     | ..                    | ..     | 147     | 1      | 71                | ..     | 5         | ..     | ..                     | ..     | 6          | ..     |    |
| Droitwich Borough ..  | ..                              | ..     | 7                | ..     | ..   | ..     | ..                        | ..     | ..                   | ..         | 5                              | 1      | 1                                      | ..     | ..                            | ..     | ..                       | ..         | 3         | 4      | ..                    | ..     | 23      | ..     | 30                | ..     | ..        | ..     | ..                     | ..     | 1          | ..     |    |
| Evesham Borough ..    | ..                              | ..     | 6                | ..     | ..   | ..     | ..                        | ..     | 1                    | ..         | 12                             | 3      | 1                                      | 1      | ..                            | ..     | ..                       | ..         | 4         | 2      | 1                     | ..     | 304     | ..     | 31                | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Halesowen Borough ..  | 2                               | ..     | 71               | ..     | ..   | ..     | 10                        | ..     | 1                    | 1          | 34                             | 8      | 6                                      | 3      | ..                            | ..     | ..                       | ..         | 2         | ..     | ..                    | ..     | 537     | ..     | 102               | ..     | 41        | ..     | 1                      | ..     | 7          | ..     |    |
| Kidderminster Boro... | 1                               | 2      | 15               | ..     | ..   | ..     | 1                         | ..     | 1                    | ..         | 29                             | 7      | 1                                      | 2      | ..                            | ..     | 1                        | ..         | 41        | 22     | ..                    | ..     | 679     | ..     | 196               | ..     | 1         | ..     | ..                     | ..     | 5          | ..     |    |
| Malvern ..            | ..                              | ..     | 23               | ..     | ..   | ..     | ..                        | ..     | 1                    | ..         | 23                             | 4      | 2                                      | ..     | ..                            | ..     | ..                       | 2          | ..        | 27     | 9                     | ..     | ..      | 679    | ..                | 124    | ..        | 14     | ..                     | 1      | ..         | 6      | .. |
| Oldbury Borough ..    | 1                               | 1      | 78               | ..     | ..   | ..     | 4                         | ..     | 2                    | 1          | 69                             | 25     | 8                                      | 1      | ..                            | ..     | 6                        | 1          | 51        | 12     | 1                     | ..     | 962     | ..     | 263               | ..     | 11        | ..     | 3                      | ..     | 3          | ..     |    |
| Redditch ..           | 2                               | ..     | 33               | ..     | 23   | 3      | ..                        | ..     | 5                    | ..         | 24                             | 6      | 4                                      | 1      | 2                             | ..     | 1                        | ..         | 8         | 12     | ..                    | ..     | 65      | ..     | 75                | 2      | 3         | ..     | ..                     | ..     | 1          | ..     |    |
| Stourbridge Borough   | 2                               | ..     | 45               | ..     | ..   | ..     | ..                        | ..     | 8                    | ..         | 24                             | 9      | 3                                      | 3      | ..                            | ..     | ..                       | ..         | 34        | 18     | ..                    | ..     | 647     | ..     | 41                | ..     | 16        | ..     | 10                     | ..     | 4          | ..     |    |
| Stourport-on Severn   | ..                              | ..     | 25               | ..     | ..   | ..     | ..                        | ..     | 9                    | ..         | 12                             | 2      | ..                                     | ..     | 1                             | ..     | ..                       | ..         | 15        | 3      | ..                    | ..     | 195     | ..     | 122               | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Totals .. ..          | 8                               | 3      | 332              | ..     | 23   | 3      | 19                        | ..     | 39                   | 3          | 267                            | 73     | 32                                     | 11     | 4                             | ..     | 12                       | 1          | 240       | 116    | 2                     | ..     | 4320    | 1      | 1095              | 4      | 90        | ..     | 15                     | ..     | 38         | ..     |    |
| <i>Rural</i>          |                                 |        |                  |        |  |        |                           |        |                      |            |                                |        |  |        |                               |        |                          |            |           |        |                       |        |         |        |                   |        |           |        |                        |        |            |        |    |
| Bromsgrove ..         | ..                              | ..     | 20               | ..     | ..   | ..     | 3                         | ..     | 1                    | ..         | 20                             | 8      | 5                                      | 2      | ..                            | ..     | 3                        | ..         | 21        | 7      | ..                    | ..     | 239     | ..     | 91                | ..     | 6         | ..     | 9                      | ..     | ..         | ..     |    |
| Droitwich ..          | ..                              | ..     | 29               | ..     | 3  | ..     | 1                         | ..     | 2                    | ..         | 9                              | 5      | 1                                      | 1      | 1                             | ..     | ..                       | ..         | 9         | 11     | ..                    | ..     | 119     | ..     | 83                | ..     | ..        | ..     | ..                     | ..     | 1          | ..     |    |
| Evesham ..            | ..                              | ..     | 18               | ..     | ..   | ..     | 1                         | ..     | ..                   | ..         | 6                              | ..     | 2                                      | 1      | 1                             | ..     | ..                       | ..         | 10        | 5      | ..                    | ..     | 330     | ..     | 33                | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Kidderminster ..      | ..                              | ..     | 17               | ..     | ..   | ..     | ..                        | ..     | ..                   | ..         | 3                              | 2      | ..                                     | ..     | ..                            | ..     | ..                       | ..         | 19        | 10     | ..                    | ..     | 158     | ..     | 70                | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Martley ..            | ..                              | ..     | 16               | ..     | ..   | ..     | ..                        | ..     | 2                    | ..         | 6                              | 3      | 1                                      | 1      | ..                            | ..     | ..                       | ..         | 29        | 8      | ..                    | ..     | 201     | ..     | 103               | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Pershore ..           | ..                              | ..     | 15               | ..     | ..   | ..     | ..                        | ..     | 1                    | 2          | 17                             | 1      | 1                                      | ..     | 1                             | ..     | ..                       | ..         | 7         | 14     | ..                    | ..     | 152     | ..     | 20                | ..     | 3         | ..     | ..                     | ..     | ..         | ..     |    |
| Tenbury ..            | ..                              | ..     | 1                | ..     | ..   | ..     | ..                        | ..     | ..                   | ..         | 3                              | 2      | ..                                     | ..     | ..                            | ..     | ..                       | ..         | ..        | 2      | ..                    | ..     | 27      | ..     | 24                | ..     | ..        | ..     | ..                     | ..     | ..         | ..     |    |
| Upton-on-Severn ..    | ..                              | ..     | 9                | ..     | ..   | ..     | ..                        | ..     | ..                   | ..         | 6                              | 3      | 1                                      | 2      | ..                            | ..     | 1                        | 1          | 9         | 8      | ..                    | ..     | 171     | ..     | 29                | ..     | 3         | ..     | ..                     | ..     | 1          | ..     |    |
| Totals .. ..          | ..                              | ..     | 125              | ..     | 3  | ..     | 5                         | ..     | 6                    | 2          | 70                             | 24     | 11                                     | 7      | 3                             | ..     | 4                        | 1          | 104       | 65     | ..                    | ..     | 1397    | ..     | 453               | ..     | 12        | ..     | 10                     | ..     | 8          | ..     |    |
| Grand Totals ..       | 8                               | 3      | 457              | ..     | 26   | 3      | 24                        | ..     | 45                   | 5          | 337                            | 97     | 43                                     | 18     | 7                             | ..     | 16                       | 2          | 344       | 181    | 2                     | ..     | 5717    | 1      | 1548              | 4      | 102       | ..     | 25                     | ..     | 46         | ..     |    |

(a) The deaths refer to all cases of pneumonia, whether fatal or not.

(a) The deaths refer to all cases of pneumonia, not only those which are notifiable.

(b) The deaths are those ascribed to Pregnancy or Childbirth.

These figures exclude Non-Civilians.





TABLE 3.

EVIDENCE OF FATALITY OF INFECTIOUS DISEASES, 1947-51.

| Year                         | Scarlet Fever |        | Diphtheria |        | Measles |        | Whooping Cough |        | Enteric includ-<br>ing Paratyphoid |        | Meningococcal<br>Infection |        |
|------------------------------|---------------|--------|------------|--------|---------|--------|----------------|--------|------------------------------------|--------|----------------------------|--------|
|                              | Cases         | Deaths | Cases      | Deaths | Cases   | Deaths | Cases          | Deaths | Cases                              | Deaths | Cases                      | Deaths |
| 1947..                       | 587           | Nil    | 81         | 6      | 4180    | 8      | 767            | 8      | 7                                  | Nil    | 18                         | 3      |
| 1948..                       | 668           | Nil    | 36         | Nil    | 1977    | 2      | 871            | 4      | 15                                 | 1      | 3                          | 4      |
| 1949..                       | 518           | Nil    | 29         | 2      | 4339    | 3      | 1282           | 10     | 2                                  | Nil    | 9                          | 2      |
| 1950..                       | 574           | Nil    | 7          | Nil    | 2377    | Nil    | 1140           | 1      | 3                                  | Nil    | 10                         | 4      |
| 1951..                       | 457           | Nil    | 26         | 3      | 5717    | 1      | 1548           | 4      | 102                                | Nil    | 8                          | 3      |
| 5 Years average<br>1947-1951 | 561           | Nil    | 36         | 2.2    | 3718    | 2.8    | 1121           | 5.4    | 25.8                               | 0.2    | 9.6                        | 3.2    |

## Infectious Diseases

Table 2 gives the numbers of cases and deaths from notifiable diseases.

Table 3 shows the fatality rate from certain infectious diseases during the quinquennium 1947—1951 with the average yearly rate.

### *Diphtheria.*

An epidemic of diphtheria broke out in Redditch in March 1951 continuing until the early part of 1952. During this period there were 25 cases 15 of them being school children.

It is regrettable that three of the school children affected died ; these three children had not been immunised although the parents had been given the usual opportunity to have their children protected against this disease free of cost and at no risk to the child.

Dr. E. T. Shennan, Medical Officer of Health, Redditch Urban District, has submitted the following report :—

An interesting outbreak of diphtheria of a very severe nature occurred in Redditch extending over a period from March, 1951 to the first week in January, 1952. This outbreak demonstrated, in particular, the value of immunisation and especially showed the necessity for the "re-inforcing injection" at school age. Mass immunisation of school children was carried out with success.

#### *Cases.*

There were twenty-five cases of diphtheria in all age groups. *C. Diphtheriæ gravis* was isolated in twenty-four cases and *C. Diphtheriæ mitis* in one case. There were three deaths, all in children of school age. There were fifteen cases in school children.

The following table gives the age-distribution of the cases :—

|                        |       | <i>Cases</i> |           |               | <i>Deaths</i> |           |               |
|------------------------|-------|--------------|-----------|---------------|---------------|-----------|---------------|
|                        |       | <i>M.</i>    | <i>F.</i> | <i>Total.</i> | <i>M.</i>     | <i>F.</i> | <i>Total.</i> |
| Infants and Toddlers   | ..    | 4            | 4         | 8             | —             | —         | —             |
| Primary Schoolchildren | ..    | 2            | 9         | 11            | 1             | 1         | 2             |
| Secondary              | ..    | 0            | 4         | 4             | 0             | 1         | 1             |
| Adults                 | .. .. | 1            | 1         | 2             | —             | —         | —             |
| Totals                 | ..    | 7            | 18        | 25            | 1             | 2         | 3             |

The following table gives the immunisation state of the cases :—

|   | <i>Cases</i> |    |    |    | <i>Deaths</i> |
|---|--------------|----|----|----|---------------|
| Un-immunised (including those having received one injection only—3) | ..           | .. | .. | 13 | 3             |
| Primary Immunisation Only   | ..           | .. | .. | 11 | —             |
| Primary plus Booster  | ..           | .. | .. | 1  | —             |
|   |              |    |    | 25 | 3             |

#### *Carriers.*

Seventeen carriers were traced. These showed much the same age distribution as the cases but two thirds of them had been immunised or had a history of having suffered from diphtheria previously.

There was no evidence of a high adult carrier rate. Strong "theoretical" evidence, unfortunately not proved by isolation of organisms, was available that there were a number of "transitory carriers" of short duration, especially in one class and at one stage in the outbreak.



The majority of cases and carriers were found to have been in close contact with other known cases or carriers. The schoolchildren, in a number of cases, were found to be "desk," "group," "gang," or family contacts.

Both cases and carriers were a long time in becoming bacteriologically free from infection. The average time being eight to twelve weeks with one child, a carrier, requiring two terms of hospital isolation and observation for a period of six months before she could be safely declared free.

*Description of Outbreak.*

The majority of cases and carriers resided in a limited area of the town and a girls' school serving that area appeared to be the centre from which dissemination took place.

At the end of the summer term six cases had been reported, four residing in the main area and two schoolchildren, who contracted the disease in the holiday (one of which proved fatal) living without this area. These two cases had no apparent contact with the cases or carriers from the main area. Of the four cases, three had sisters, pupils at the girls' school and one was also a pupil at the school and a deskmate of one of these girls (a carrier). The original source was not traced.

With the commencement of the autumn term two further cases were notified, one in the girls' school but in a different class to the first case from that school, and one in the adjoining infants' school.

During the first half of this term the infection was limited to two classes in the girls' school and home or social contacts of the pupils in these classes. In the latter part of the term cases appeared in the one class in the infants' school in which the one case, previously mentioned, had occurred.

No cases were reported from the boys' school which was in the same compound as the two other schools and served the same area, although one carrier, a family contact of a case in the girls' school, was found.

The peak of the outbreak was reached in the weeks preceding the autumn mid-term holiday. This break from class contact appeared to give an opportunity for "transitory carriers" to clear. Following this holiday the immunisation state of the children in the girls' school was checked by circular to the parents and all children whose parents desired them to be immunised or "boosted" were inoculated if necessary. No further cases occurred in this school except in one child who had not been immunised and who subsequently died.

No further cases were reported in the town until the first fourteen days of December—a lapse of approximately five weeks—when the last mentioned case was notified and three cases were reported in a class in the infants' school. One of these infants died (un-immunised). One infant resident in another part of the town was discovered to have a mild "mitis" infection, apparently completely un-connected with the main outbreak.

Following this "flare up" it was decided to circularise the parents of all the children in the infants' school and the boys' school adjoining the girls' school first affected and five other schools in the centre of the town (approximately 2,000 children in all).

During the last week of the term all those children requiring immunisation of "re-inforcing" doses were inoculated at the schools or arrangements were made, where desired, for them to be done by their own doctors. There were a small number of refusals but these were visited and a greater proportion were persuaded to have their children protected.

On the last day of term every child in the affected class in the infants' school was swabbed and three healthy carriers were discovered.

No further cases in schoolchildren were reported from the centre of the town.

In the first week of January before the commencement of school term two schoolchildren both primarily immunised became ill with diphtheria. These boys were resident in the southern end of the town. The parents of all children in the remaining schools in the town were circularised (approximately 2,300 children) and immunised where necessary at school or by their own doctors.

There have been no cases since and the last cases were discharged from hospital in the first week in April.

#### *Immunisation.*

The severity of the disease bore a direct relationship to the immunisation state of the cases. It also bore some relationship to the age groups of those affected. The more severe cases occurred in the primary and secondary schoolchildren both immunised and un-immunised but the number and degree of severity was greatest in the un-immunised. The one child affected who had received a re-inforcing inoculation suffered a very mild form of the disease. This I think shows the great importance of ensuring that children of school age are fully protected and there should be no complacency in the knowledge that the school population shows a high immunisation rate, if it is not known that the rate of re-inforcing immunisation is equally high. It was known that the rate of immunisation of schoolchildren in Redditch was approximately 89%, but it was subsequently found that only about 50% of these had received a re-inforcing dose.

I wish to thank Dr. Pickup for the advice, help and encouragement he gave me during this rather worrying outbreak and for the assistance I received from my colleagues. I would also like to thank the Headteachers for their assistance in assuring the prompt return of the circulars and especially for their help and co-operation in the affected schools. Lastly and by no means least I would like to thank the local general practitioners for their co-operation without which the immediate isolation of cases and the tracing of carriers would have been more difficult.

18th April 1952.

#### *Whooping Cough.*

The Ministry of Health are conducting a large scale experiment to test the efficiency of certain vaccines for whooping cough. As soon as the findings of this survey are completed recommendations will be issued to local health authorities regarding the provision of large scale facilities for the protection of babies and infants against this distressing disease.

#### *Laboratory Work*

The bacteriological work in connection with cases of infectious diseases or carriers and the preventive side in connection with the safety of food, milk, water, etc. supplied to the community is carried out at the Public Health Laboratory at the Worcester Royal Infirmary under the control of Dr. R. J. Henderson, the Director of the Laboratory, who has been courteous enough to assist my department and the County Council whenever necessary.

The County Laboratory, under the control of Mr. M. M. Love, County Analyst, deals with the chemical analyses of foods, fertilizers, and feeding stuffs, water analyses and the examination of sewage effluents. The laboratory also undertakes bacteriological examinations of raw or treated water supplies for undertakers: foods such as ice cream are also dealt with for trade purposes.

#### *Acute Poliomyelitis*

| Year | Cases notified | Deaths |
|------|----------------|--------|
| 1951 | 18             | 2      |
| 1950 | 154            | 15     |
| 1949 | 14             | Nil    |
| 1948 | 5              | 5      |
| 1947 | 60             | 4      |
| 1946 | 3              | Nil    |



The outbreak of 1950 was fortunately not repeated in 1951. The incidence of cases was as follows :—

| District                 | Paralytic | Non paralytic |
|--------------------------|-----------|---------------|
| Bromsgrove Urban ..      | 1         | —             |
| Halesowen Borough ..     | 2         | 1             |
| Kidderminster Borough .. | 1         | —             |
| Malvern Urban ..         | 2         | —             |
| Oldbury Borough ..       | 5         | 1             |
| Redditch Urban ..        | 1         | —             |
| Bromsgrove Rural ..      | 1         | 2             |
| Upton-on-Severn Rural .. | 1         | —             |
|                          | —         | —             |
| Totals ..                | 14        | 4             |
|                          | —         | —             |

The cases occurred in 8 out of the 12 months, as follows :—

|              |   |
|--------------|---|
| January ..   | 2 |
| February ..  | 1 |
| June ..      | 6 |
| July ..      | 2 |
| August ..    | 1 |
| September .. | 3 |
| November ..  | 1 |
| December ..  | 2 |

The method of spread, the diagnosis of early and mild cases and the treatment of poliomyelitis is still one of the problems of public health to-day. Much research is being carried out locally, regionally and nationally by individuals and learned societies of technical and professional specialists both in this country and countries overseas, particularly the United States of America. I have no doubt that the present intense research will produce results which will be of benefit in the diagnosis, treatment and prevention of this infection.

At the request of the Medical Research Council, two investigations were made during the year in the Upton-on-Severn and Droitwich Rural Districts to ascertain whether the causal virus could be identified in the sewers at times when the disease was not prevalent. Similar investigations were being carried out in other parts of the country. The work in Worcestershire was undertaken by the public health officers of the two local authorities together with the Director of the Public Health Laboratory at Worcester, and the County Public Health Department.

The investigation involved taking a large number of samples. Swabs, after exposure in the sewers for a certain time, were collected and sent, under special conditions, by train to London, where they were collected and taken to the Virus Reference Laboratory of the Central Public Health Laboratory. It was reported that nothing unusual was detected in the swabs from either district.

The co-operation of the officers of the two local authorities was very commendable, for the work was rather dirty and entailed a certain amount of personal risk in those instances where manholes of some depth had to be entered in order to “place” and to “retrieve” the swabs from the sewers.



## TUBERCULOSIS

In the report of Dr. R. B. Mayfield, in his capacity as Chief Tuberculosis Officer of the County Council, which is printed as an appendix, it will be noted that he advocates a very much increased use of B.C.G. The Ministry of Health are proceeding cautiously in the use of this vaccine and in some quarters doubts have been expressed about the claims made for B.C.G. It is interesting to note that Dr. Mayfield, as a Specialist Chest Physician, favours an extensive use of B.C.G. to the whole of that section of the population which is as yet uninfected and not only, as at present advised by the Ministry of Health, to those who are contacts of KNOWN cases.

The County Council have appointed an occupational therapist who visits tuberculous patients in their homes, to advise on "occupational therapy," which means teaching the patients some handicraft or work which enable their products to be sold, or "diversional therapy," which is teaching the patients something which will serve to interest and amuse them and so help to pass away many dreary hours whilst undergoing various forms of domiciliary treatment for tuberculous illness.

It is important to note that all their productions are carefully sterilized before being sold and there is no possible danger of infection from these articles.

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APPENDIX

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR 1951.

Staff.

The medical staff remains unchanged. There is no need, however, to plead for a fourth successive year for additional staff. The Regional Hospital Board proposes to appoint a new consultant chest physician early in 1952. The complement will then be four chest physicians, two of consultant and two of senior hospital medical officer status. This will necessitate a re-organisation of the medical duties, which will be outlined in next year's report. It is hoped that a better service to the public will result.

The principle of the whole-time tuberculosis health visitor was affirmed last year. The work in Stourbridge is now to be covered in this manner, and the areas so served will be as follows :

|                               |                    |
|-------------------------------|--------------------|
| Kidderminster Divisional Area | Miss Gaffney       |
| Oldbury Divisional Area       | Appointment vacant |
| Stourbridge Borough           | } Miss Steward     |
| Halesowen Borough             |                    |
| Bromsgrove Urban District     | } Miss Denny       |
| Redditch Urban District       |                    |
| Bromsgrove Rural District     |                    |
| Evesham Borough               | } Mrs. Pitt        |
| Evesham Rural District        |                    |
| Pershore Rural District       |                    |
| Droitwich Borough             |                    |
| Droitwich Rural District      |                    |

Some re-arrangement was required because it was found that Oldbury and Halesowen together were too much for one health visitor. It is proposed that in due course a sixth tuberculosis health visitor will be appointed to cover those areas in the south of the County not included in the above list.

Notifications and Deaths

TABLE I.

Notification of Tuberculosis

| Year | Respiratory        |                | Non-respiratory    |                | All Forms          |                |
|------|--------------------|----------------|--------------------|----------------|--------------------|----------------|
|      | Number<br>of Cases | Rate<br>/1,000 | Number<br>of Cases | Rate<br>/1,000 | Number<br>of Cases | Rate<br>/1,000 |
| 1947 | 266                | 0.71           | 45                 | 0.12           | 311                | 0.83           |
| 1948 | 292                | 0.75           | 55                 | 0.14           | 347                | 0.89           |
| 1949 | 263                | 0.67           | 53                 | 0.14           | 316                | 0.81           |
| 1950 | 331                | 0.82           | 31                 | 0.08           | 362                | 0.90           |
| 1951 | 337                | 0.83           | 43                 | 0.10           | 380                | 0.94           |

Table I records the numbers of notifications in each of the past five years together with the rates per 1000 of the population. It will be noted that the higher respiratory rate of 1950 remained virtually unchanged in 1951. Notification rates are notoriously unreliable as far as tuberculosis is concerned, and do not necessarily represent the real incidence of the disease in the population. Certainly, the notification rate and the incidence are not synonymous terms, since it is known that there is always a hidden reservoir of cases, only partly revealed even by Mass Radiography surveys. The rise in notifications in the past two years may therefore be either a good feature or a bad one. The former is the case if it is revealing a part of the hidden reservoir hitherto undisclosed, and the latter if it indicates a rise in the incidence. There is reason to hope that the former is the true explanation, because new cases do tend to be of a less advanced type than in years gone by, suggesting that they are being discovered earlier.

There is no hope of freeing the country of tuberculosis until this hidden reservoir is brought to light, and the best known means of achieving this lies in intensive and diligent mass radiography campaigns. So far this method of case finding has been little used in Worcestershire. When eventually it is extended to this County as a regular service, a further temporary rise in the numbers of notifications may be expected.

TABLE II.  
Notifications of Tuberculosis during 1951 showing Age Periods.

| Age Periods    | 0— | 1— | 2— | 5— | 10— | 15— | 20— | 25— | 35— | 45— | 55— | 65<br>and<br>up-<br>wards | Total |
|----------------|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|---------------------------|-------|
| Pulmonary —    |    |    |    |    |     |     |     |     |     |     |     |                           |       |
| Males ..       | —  | —  | 4  | 7  | 4   | 23  | 24  | 45  | 28  | 39  | 21  | 9                         | 204   |
| Females ..     | —  | —  | 4  | 7  | 9   | 15  | 31  | 29  | 17  | 12  | 4   | 5                         | 133   |
| Non-Pulmonary— |    |    |    |    |     |     |     |     |     |     |     |                           |       |
| Males ..       | —  | —  | 3  | 3  | —   | —   | —   | —   | 5   | 2   | —   | 1                         | 14    |
| Females ..     | —  | —  | 4  | 5  | 5   | 1   | 4   | 3   | 5   | 1   | —   | 1                         | 29    |
| Totals ..      | —  | —  | 15 | 22 | 18  | 39  | 59  | 77  | 55  | 54  | 25  | 16                        | 380   |



TABLE III.

**New Cases other than by notification, 1951**

The following new cases came to light during the year by other means than formal notification.

|                       | Males | Females | Total |
|-----------------------|-------|---------|-------|
| Pulmonary .. .. .     | 32    | 31      | 63    |
| Non-Pulmonary .. .. . | 6     | 4       | 10    |
| Total .. .. .         | 38    | 35      | 73    |

These cases came from the following sources :—

|  |    |
|--|----|
| Death returns : Local Registrars .. .. .           | 14 |
| „ „ Transferable deaths from the Registrar-General | 2  |
| Posthumous notifications .. .. .                   | 4  |
| Transfers from other areas .. .. .                 | 49 |
| Other sources .. .. .                              | 4  |
| Total .. .. .                                      | 73 |

TABLE IV.

**Deaths from Tuberculosis**

| Year | Respiratory         |                   | Non-respiratory     |                   | All Forms           |                   |
|------|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|
|      | Number<br>of Deaths | Rate<br>per 1,000 | Number<br>of Deaths | Rate<br>per 1,000 | Number<br>of Deaths | Rate<br>per 1,000 |
| 1947 | 166                 | 0.44              | 31                  | 0.08              | 197                 | 0.52              |
| 1948 | 135                 | 0.35              | 20                  | 0.05              | 155                 | 0.40              |
| 1949 | 146                 | 0.37              | 21                  | 0.05              | 167                 | 0.43              |
| 1950 | 103                 | 0.26              | 20                  | 0.05              | 123                 | 0.31              |
| 1951 | 97                  | 0.24              | 18                  | 0.04              | 115                 | 0.28              |

Table IV records the numbers of deaths in each of the past five years, together with the rates per 1,000 population.

TABLE V.

**Deaths from Respiratory Tuberculosis in Age Groups**

| Years   | Males |     |     |     |             | Females |     |     |     |             | Totals of<br>Males and<br>Females |
|---------|-------|-----|-----|-----|-------------|---------|-----|-----|-----|-------------|-----------------------------------|
|         | 0-    | 15- | 45- | 65- | All<br>Ages | 0-      | 15- | 45- | 65- | All<br>Ages |                                   |
| 1928-32 | 2     | 75  | 31  | 5   | 113         | 4       | 70  | 17  | 2   | 93          | 206                               |
| 1933-37 | 2     | 62  | 31  | 5   | 100         | 2       | 66  | 14  | 4   | 86          | 186                               |
| 1938-42 | 1     | 51  | 34  | 6   | 92          | 2       | 55  | 11  | 4   | 71          | 163                               |
| 1943-47 | 3     | 46  | 36  | 6   | 91          | 3       | 47  | 13  | 3   | 66          | 157                               |
| 1948-51 | 1     | 30  | 32  | 8   | 71          | 1       | 33  | 10  | 3   | 47          | 118                               |

The first four rows of Table V show the average annual numbers of deaths from respiratory tuberculosis in five year periods, and the last row shows the averages for the four-year period 1948 to 1951.

Both respiratory and non-respiratory deaths are slightly less in numbers than in 1950, and both rates are at new record low levels. It is noticeable that the recent steep decline in these rates began in 1948, the year when streptomycin came into general use.

It must be emphasised once again that, striking though recent advances in treatment are, failures still are plentiful and the time is not ripe for easy optimism about the future.

TABLE VI.

Notification and death rates in districts 1951.

| Popu-<br>lation | District                  |    |    | Notif'n<br>rate<br>per 1000 | Death<br>rate<br>per 1000 | Total<br>cases<br>notified | Total<br>Deaths |
|-----------------|---------------------------|----|----|-----------------------------|---------------------------|----------------------------|-----------------|
| 4903            | Bewdley Borough           | .. | .. | 0.82                        | —                         | 4                          | —               |
| 28550           | Bromsgrove Urban          | .. | .. | 1.30                        | 0.28                      | 37                         | 8               |
| 6447            | Droitwich Borough         | .. | .. | 0.93                        | 0.15                      | 6                          | 1               |
| 11950           | Evesham Borough           | .. | .. | 1.20                        | 0.33                      | 13                         | 4               |
| 39770           | Halesowen Borough         | .. | .. | 1.00                        | 0.28                      | 40                         | 11              |
| 37390           | Kidderminster Borough     | .. | .. | 0.80                        | 0.24                      | 30                         | 9               |
| 23940           | Malvern Urban             | .. | .. | 1.04                        | 0.17                      | 25                         | 4               |
| 53740           | Oldbury Borough           | .. | .. | 1.43                        | 0.48                      | 77                         | 26              |
| 29400           | Redditch Urban            | .. | .. | 0.95                        | 0.24                      | 28                         | 7               |
| 37290           | Stourbridge Borough       | .. | .. | 0.72                        | 0.32                      | 27                         | 12              |
| 10120           | Stourport-on-Severn Urban | .. | .. | 1.18                        | 0.20                      | 12                         | 2               |
| 27880           | Bromsgrove Rural          | .. | .. | 0.90                        | 0.36                      | 25                         | 10              |
| 15480           | Droitwich Rural           | .. | .. | 0.65                        | 0.39                      | 10                         | 6               |
| 16300           | Evesham Rural             | .. | .. | 0.49                        | 0.06                      | 8                          | 1               |
| 11900           | Kidderminster Rural       | .. | .. | 0.25                        | 0.17                      | 3                          | 2               |
| 11540           | Martley Rural             | .. | .. | 0.60                        | 0.35                      | 7                          | 4               |
| 16490           | Pershore Rural            | .. | .. | 1.09                        | 0.06                      | 18                         | 1               |
| 5460            | Tenbury Rural             | .. | .. | 0.55                        | 0.37                      | 3                          | 2               |
| 15050           | Upton-on-Severn Rural     | .. | .. | 0.46                        | 0.33                      | 7                          | 5               |
| 403600          | Whole County              |    |    | 0.94                        | 0.28                      | 380                        | 115             |

Table VI shows the notification and death rates in districts. Tables VII and VIII show respectively the notifications and deaths as they occur in urban and rural communities in the county. In both of these last two Tables, the respiratory and non-respiratory forms of the disease are shown separately. It will be observed that the respiratory form is more prevalent in the Urban Districts. Allowing for the smallness of the numbers, there is not much difference between the two types of district as far as the non-respiratory form of the disease is concerned.

TABLE VII.

**Notifications in Urban and Rural Districts**

|              |    |    | Respiratory |                   | Non-Respiratory |                   | Both Forms |                   |
|--------------|----|----|-------------|-------------------|-----------------|-------------------|------------|-------------------|
|              |    |    | Cases       | per 1,000<br>Rate | Cases           | per 1,000<br>Rate | Cases      | per 1,000<br>Rate |
| Urban        | .. | .. | 267         | 0.94              | 32              | 0.11              | 299        | 1.05              |
| Rural        | .. | .. | 70          | 0.58              | 11              | 0.09              | 81         | 0.67              |
| Whole County |    | .. | 337         | 0.83              | 43              | 0.10              | 380        | 0.94              |

TABLE VIII.

**Deaths in Urban and Rural Districts**

|              |    |    | Respiratory |                   | Non-Respiratory |                   | Both Forms |                   |
|--------------|----|----|-------------|-------------------|-----------------|-------------------|------------|-------------------|
|              |    |    | Deaths      | per 1,000<br>Rate | Deaths          | per 1,000<br>Rate | Deaths     | per 1,000<br>Rate |
| Urban        | .. | .. | 73          | 0.26              | 11              | 0.04              | 84         | 0.30              |
| Rural        | .. | .. | 24          | 0.20              | 7               | 0.06              | 31         | 0.26              |
| Whole County |    | .. | 97          | 0.24              | 18              | 0.04              | 115        | 0.28              |





TABLE X.  
Attendances at Dispensaries, 1951

| Dispensary          | Consultations | Visits | Attendances | Refill Attendances | Average Weekly Attendance |
|---------------------|---------------|--------|-------------|--------------------|---------------------------|
| Bromsgrove .. ..    | 280           | 111    | 1001        | 154                | 19.2                      |
| Halesowen .. ..     | 157           | 44     | 1056        | 288                | 20.3                      |
| Kidderminster .. .. | 409           | 36     | 2528        | 580                | 48.6                      |
| Oldbury .. ..       | 472           | 172    | 2077        | 484                | 39.9                      |
| Redditch .. ..      | 138           | 91     | 841         | 219                | 16.1                      |
| Stourbridge .. ..   | 130           | 30     | 1389        | 340                | 26.4                      |
| Worcester .. ..     | 558           | 438    | 2313        | 654                | 44.5                      |
| Total ..            | 2144          | 922    | 11205       | 2719               | 215.0                     |

*Chest Clinics.*

The work of the Chest Clinics is summarised in Tables IX and X. The number of attendances has again increased, partly owing to an increase in the numbers of new cases and contacts examined. Home visits are once more fewer. This is partly because more use has been made of the ambulance service to bring patients to the clinics. No increase in cost is involved here, since bed-patients must be brought in for their X-ray examinations, and time is saved if their clinical examinations are carried out at the same occasion. As mentioned in previous reports, visits by Chest Physicians to the homes of patients have a definite value and should continue, but, with the total volume of work still increasing, it has been necessary to reduce some of the time spent in travelling.

The higher attendance is, of course, a satisfactory feature, in so far as it means that patients come to the clinics more readily than they did in the past and general practitioners make more use of the facilities offered by the clinics for the investigation of doubtful cases. There is scope for further expansion with the strengthened medical staff.

*Prevention and After-Care.*

As forecast in last year's report, a new After-Care Committee has been set up in the south of the County to cover the areas of Droitwich and Evesham Boroughs, Malvern Urban District and Droitwich, Evesham, Martley, Pershore and Upton-on-Severn Rural Districts. The After-Care Committees previously formed continue to function with varying activity, and the whole County is now covered by these local organisations. Their functions were outlined in last year's report and include the provision of garden shelters, beds and bedding, and food allowances in suitable cases together with various other activities. Forty-eight garden shelters were on loan at the end of the year.

TABLE XI.  
Numbers of Families Re-housed on Account of Tuberculosis, 1951

|                                      |     |
|--------------------------------------|-----|
| Kidderminster Divisional Area .. ..  | 18  |
| Oldbury Divisional Area .. ..        | 6   |
| Bromsgrove Urban District .. ..      | 3   |
| Droitwich Borough .. ..              | Nil |
| Evesham Borough .. ..                | 3   |
| Halesowen Borough .. ..              | 7   |
| Malvern Urban District .. ..         | 8   |
| Redditch Urban District .. ..        | 7   |
| Stourbridge Borough .. ..            | 4   |
| Bromsgrove Rural District .. ..      | 2   |
| Droitwich Rural District .. ..       | Nil |
| Evesham Rural District .. ..         | 3   |
| Martley Rural District .. ..         | 4   |
| Pershore Rural District .. ..        | 1   |
| Upton-on-Severn Rural District .. .. | 2   |
| Total .. ..                          | 68  |

Rehousing of tuberculous families who have insufficient room remains a slow and difficult problem and varies a good deal in different areas. As stated in previous reports, the provision of good accommodation, if it is to be effective, should come before, not after, the case of tuberculosis occurs. In other words, this preventive measure will not prove its worth until the entire population is adequately housed.

*Preventive Inoculation.*

TABLE XII.

| B.C.G. INOCULATIONS         |      |      |        |
|-----------------------------|------|------|--------|
| Clinic Area                 | 1950 | 1951 | Totals |
| Bromsgrove —                | 11   | 19   | 30     |
| Halesowen and Stourbridge — | 11   | 27   | 38     |
| Kidderminster —             | 7    | 28   | 35     |
| Oldbury —                   | 18   | 59   | 77     |
| Redditch —                  | 16   | 23   | 39     |
| S. Worcs. —                 | 35   | 77   | 112    |
| Totals —                    | 98   | 233  | 331    |

Table XII. shows the numbers of B.C.G. inoculations done in the various Chest Clinics since this preventive measure was adopted in Worcestershire. The procedure adopted was described last year, and these inoculations are still almost entirely confined to contacts of known cases as prescribed by the Ministry of Health. In addition, a few nurses have been inoculated who are not included in Table X. Complications have been negligible and all but two inoculations were successful. Both of these succeeded at the second attempt.

It is still considered that the present system is illogical. In the five years (1945 to 1949) preceding the local use of B.C.G., 74 children died from tuberculosis in this County. 17 of these (i.e. between 20 and 25%) were contacts of previously known cases, and would therefore have been eligible for B.C.G. had the present system been operating at that time. The remaining large majority would not have been offered B.C.G. and would have died uninoculated. Practically all of us, at some time or other, come in contact with tuberculosis. If, therefore, it is right to give B.C.G. to contacts of known cases, it is equally important, perhaps more so, to give it to contacts of unknown cases, or, in other words, to the whole of that section of the population which is as yet uninfected.

It is hoped that an official decision in this matter will not long be delayed. The procedure is simple and safe and its wide extension would not be difficult to organise.

*Mass Radiography.*

The position is unchanged since last year. Only occasional sporadic surveys have so far been achieved in Worcestershire. As mentioned earlier, this is a valuable method of case-finding which should be fully exploited.

*Occupational Therapy.*

In April 1951 Miss E. Elmes was appointed Occupational Therapist. Her work in visiting patients in their homes and engaging them in a variety of creative efforts has been most valuable in maintaining morale and is greatly appreciated by all concerned.



*Sanatorium Accommodation.*

As foreshadowed last year, Hill Top Hospital has been converted to a Surgical Chest Hospital and the 19 female sanatorium beds there are no longer used as such. It is hoped to replace these eventually at Newtown Hospital but the effect on the waiting list so far has been severe. The waiting period for women entering sanatorium has been increased from 6 to 9 months.

Knightwick Sanatorium and St. Wulstan's Hospital still serve us well but more sanatorium beds are still urgently needed especially for women.

It is doubtful if there is any other disease for which facilities for prevention and treatment fall so far short of essential requirements as they do in tuberculosis. Two striking examples are shortages of sanatorium accommodation and mass radiography units. If these two needs alone could be met, there would be a good chance, with the new technique of treatment, of reducing tuberculosis to insignificant proportions by the end of this century.

